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The purpose of this monograph is to summarize professional literature on dependency and to discuss its implications for vocational rehabilitation. The review begins with a discussion of relevant psychoanalytic, learning, developmental, and sociocultural theories since behavioral manifestations of dependency differ and are related to factors in the particular milieu which precipitates them. Expressions of dependency are grouped in five categories: social, emotional, financial, institutional, and psychomedical. Methodological procedures for the study and measurement of dependency include self-report measures such as the Edwards Personal Preference Schedule, projective techniques such as the Thematic Apperception Test, and ratings through observation. The types of handicaps with which dependency is associated are physical disability, emotional disorders, chronic illness, and social disability. It was observed that while expressions of dependency are related and similar, they must be dealt with by differing interventive techniques on the part of the rehabilitation personnel. Related documents are VT 008 510 and VT 008 511. (CH)

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DEPENDENCY AND ITS IMPLICATIONS FOR REHABILITATION

April, 1967
Monograph No. 1

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DEPENDENCY AND ITS IMPLICATIONS FOR REHABILITATION.

by

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PREFACE

This monograph represents the first of a series to be published by the New England Rehabilitation Research Institute at Northeastern University. The institute is one of a group of nine regional research institutes established by the Vocational Rehabilitation Administration in partnership with leading universities throughout the United States. Each institute is charged to carry on research in a specified core area. While much freedom is allowed in the choice of research projects, it is expected that studies selected will fall within the core research area.

The New England Rehabilitation Research Institute has as its core area "motivation and dependency." Since the subject of motivation has been thoroughly and excellently reviewed by Barry and Malinovsky*, the New England Rehabilitation Research Institute has elected to focus on a review of the literature on dependency and its relationship to rehabilitation. Few, if any, would disagree that client dependency is a variable which must be confronted by rehabilitation practitioners in all settings. Yet, many who are called upon to work with dependent clients have had little opportunity to become sufficiently familiar with the dependency literature for it to be helpful in their clinical work.

It is the purpose of this monograph to summarize relevant literature, comment upon it, and point out its implications for the field. In addition to reviewing the literature the senior author has set forth a typology for classifying dependency which, it is hoped, will be used by professionals in the field of rehabilitation.

Two major difficulties were encountered in writing this monograph. One stemmed from the dearth of definitive theory on the subject. The other was one concerned with level selection. A highly theoretically oriented monograph would be appreciated by rehabilitation psychologists and social scientists but would have little appeal for the practitioner of rehabilitation. On the other hand, a highly practically oriented work would not necessarily command the interest of researchers and theoreticians. To resolve this problem we have attempted to achieve a balance between theory and practice in the hope that this monograph will have value for all interested in and working within the field of rehabilitation.

At present the staff at the New England Rehabilitation Research Institute is in the process of carrying out several studies in various aspects of dependency which will be reported in monographs to follow.

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* Barry, J. R., & Malinovsky, M. R. Client motivation for rehabilitation: a review. University of Florida Rehabilitation Research Monograph Series, No. 1, February, 1965.

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MAJOR IMPLICATIONS FOR REHABILITATION

The material discussed in the text of this monograph contains numerous implications for the field of rehabilitation. In the section which follows, only the major implications are summarized.

1. Expressions of dependency differ and are related to factors in the particular milieu which precipitates them. This monograph groups dependent expressions in five categories: social, emotional, financial, institutional and psychomedical. While these expressions are related and similar, they must be dealt with by differing interventive techniques on the part of the rehabilitation professional.

2. Eriksonian theory is helpful in understanding and developing ways and means of coping with excessive client dependency. Basic trust and autonomy should be established and the client's identity reconstructed.

3. A knowledge in depth of the client's background is most important in coping with client dependency. Studies have established that certain variables, such as position in the family, parental rejection, and restriction, etc., are associated with dependent behavior.

4. The relationship between dependence and suggestibility indicates that a certain amount of directiveness can be utilized by the rehabilitation professional with his dependent clients. However, since dependency is also related to conformity, over-directiveness should be guarded against.

5. Dependent individuals respond positively to rewards when selectively and discriminately used. However, dependent-anxious individuals perform less well under high reward conditions. Increased anxiety mobilizes further dependency. Application of rewards with clients in rehabilitation centers and sheltered workshops should, therefore, be carefully evaluated and carried out with care.

6. Socio-cultural factors are important in the patterning of dependent responses. These factors can be either motivating or inhibiting forces in the rehabilitation process. The practitioner should consider ethnic and other sub-cultural attributes in formulating rehabilitation plans for his client.

7. Dependent individuals respond to structured situations; lack of structure creates anxiety. The manipulation of the degree of group structure within rehabilitation settings, as well as the use of special group

treatment techniques, offers an opportunity for the practitioner to reduce client dependency.

8. Peer group esteem has been found to be of much importance to dependent individuals. The use of group pressures to reduce dependency in rehabilitation clients merits further experimentation.

9. The rehabilitation practitioner must be alert for dependency conflict in his clients. Behavior that appears to be highly independent may be masking strong feelings of dependence. This conflict can take its toll in client anxiety, which blocks successful rehabilitation.

10. Little has been done in experimentation with operant conditioning techniques in the reduction of dependency in rehabilitation clients. This is an area in which further investigation might prove fruitful.

CHAPTER I

THEORIES AND CONCEPTS OF DEPENDENCY

Theories and Concepts

Client dependency, its management, and its reduction during the rehabilitation process present the professional worker with a complex and crucial problem. To ignore the client's dependent strivings is to run the risk of his feeling rejected and withdrawing. Yet, complete acceptance of such strivings by the practitioner entails the risk of fostering dependency and impeding the flow of the rehabilitation process.

It is well known that regression into dependency is concomitant with the "illness state." Parsons (112) went as far as to characterize the "sick role" as containing elements of social deviance deriving from the secondary social, emotional, and, in some instances, material gains attendant upon that role. Thus, in helping the disabled client emerge from his dependent state, rehabilitation fulfills two critical functions. It enables the client to achieve a higher level of personality integration for happier living and serves as a socially controlled means for the social and economic betterment of society in general.

Regardless of the setting in which the rehabilitation professional functions, or the aspect or phase of rehabilitation in which he is involved, dependency of the client remains a barrier which must be surmounted. It is, therefore, of paramount importance that professionals involved in the rehabilitation of the physically, mentally, and socially disabled acquire as much knowledge as possible about dependency and its correlates.

Dependency is as difficult to deal with conceptually as it is in actual practice. How can dependency be defined? Is it a personality trait or attribute? Is it a state related to situational factors within the subject's psychosocial milieu at a given time? If dependency is trait-like in character, is it a unitary trait or is it a configuration or constellation of factors?

Webster's dictionary defines dependency as "relying on or subject to something else for support; not able to sustain itself without the will, power, or aid of something else." While this definition is semantically helpful, it is highly limited as a psychosocial description of dependency. From a behavioral standpoint, dependency is an inherent component of human functioning. This is understandable when one considers that during his early years from birth onward the child cannot exist without adults to meet his primary needs (psychological as well as physical). Stotsky (137) described this dependent relationship as follows:

> The human infant at birth is in a state of unconditional dependence upon others for its very existence and for the satisfaction of basic biological needs. Without the assistance and attention of an adult, the infant would perish. This is the prototype of a dependent relationship between one person and another.
>
> As the infant enters childhood, he gradually learns to respond to other humans in a social and later in a symbolic manner. For the learning of these highly complex and abstract attitudes and behaviors, he is again primarily dependent upon parents; secondly on other members of his social environment . . . . A dependent relationship with a parent is a necessary precondition for socialization of the child.

However, the description, delineation, and measurement of dependency becomes a major task of vast complexity. Sears (131) spoke of dependency as "one of the most significant, enduring, and pervasive qualities of human behavior. From birth to old age, it influences the form of all dyadic relationships." Although the term dependency is defined in varying ways, behavioral scientists have, for the most part, come to view the concept in terms of succorance as elucidated by Murray (106). His description of succorance involves demands for food, affectional nurturance, and the associated caretaking activities characterized in the mother-child relationship.

Further concepts such as tactile contact as well as the "desire to be near" are also considered aspects of dependent behavior (131). The importance of tactile stimuli in the satisfaction of dependent and security needs in animals has been well substantiated by the studies of Harlow (55). Moreover, the imprinting studies (67, 68) have demonstrated the instinctual attachments of the infants of a number of species to the first moving objects they see (e.g., parents or parent surrogates).

Psychoanalytic Theory

Both psychoanalytically-oriented psychologists and learning theorists have been active in proposing causal hypotheses for dependency. Psychoanalytic theorists hold that inappropriate dependency arises from prolonged failure to gratify oral (food) and affectional needs of the child in his early years of life, particularly during the first year when major psychic energies are fixated on the oral erogenous zone. When such love is denied, the frustration produces a type of affectional void or vacuum which the individual attempts to fill by dependent demands. This dependent behavior satisfies the psychic economy in two ways. On the one hand, there is a gain that arises from the attention the individual receives as a result of his dependent demands. An additional gain accrues from the retaliative gratification which the person receives from the indirect expression of hostility through the manipulation of significant others in his milieu. On the other hand, over-gratification of demands during the early developmental period can increase expectations of oral demands being gratified and, thus, heighten dependent strivings in the child.

The psychology of Erikson (29) made an important contribution toward the understanding of the development of dependency. In placing Freud's psychosexual development stages in a social context he depicts personality development in the individual as resulting from the manner in which the child copes with a series of epigenetic crises in the growth process. Thus, during the oral stage, described by Erikson as the stage of basic trust vs. mistrust", a failure to trust the parent or parent figure as a source of warmth, food, and affectional gratification can produce dependent demands that result from the child's insecurity and need for reaffirmation of the positive relationship.

During the second or anal stage, which Erikson characterizes as the stage of "autonomy vs. shame and doubt", the person's capability for independent functioning is also influenced. If parents do not allow autonomy to develop through the child's mastery of his sphincter and other muscular movements, the ensuing shame can cause doubt, feelings of inadequacy, and subsequent reluctance to undertake new and independent behavior. Erikson's description of the third stage (phallic) as one of "initiative vs. guilt" clearly indicates the potential for dependence or independence to develop as a response to the manner in which the child is allowed to express aggression and helped to deal with anxieties resulting from his budding genital sexuality and his oedipal conflicts.

Erickson's global concept of identity is useful in attempting to understand dependency. The individual whose identity is strong and intact has the security to function in a constructive and independent way. On the other hand, the person who suffers from identity diffusion has difficulty in mustering the ego strength to pursue sustained independent behavior.

Learning Theory

Bandura and Walters (4), in a book that explores aggressiveness in adolescence, have put forth a theory of dependency based on anxiety. They assume that dependency becomes a secondary drive: the presence of parents at times of reinforcement of primary drives makes parental attention a secondary reinforcement. When this secondary drive is frustrated by lack of attention or punishment, the dependency drive becomes more intense and an aggressive drive will result. As the child learns to anticipate nonreinforcement of the dependency drive, dependent behavior becomes associated with anxiety. The anxiety, coupled with the increased dependency drive, makes the child's situation sufficiently upsetting to cause him to inhibit overt dependency behavior toward his parents. The aggression he feels toward his parents is displaced to other individuals who will not punish aggressive behavior.

Another behavioral theory, similarly based on anxiety, has been developed by psychoanalysts such as Horney (63) and Sullivan (139). Anxiety is said to result from experiences of negative reinforcement of independent behavior. Fear of further punishment makes a person quite reluctant to attempt independent behavior. Secondly, the dependent behavior is seen as a mechanism for reducing anxiety and achieving security. Dependency, then, is a learned neurotic response to fear of the prospect of independence.

Mowrer (103) attempted to explain dependency in terms of the combination of the individual's reactions to the dependency drive. Since the person experiences both positive and negative reinforcements of the dependency drive, he is likely to feel both hope for a favorable response to his drive and fear of an unfavorable one. Whether or not a dependent response will occur depends upon the intensity of the drive at the moment. The conflict between the positive and negative expectations mediates the intensity of the drive and influences the occurrence of the response. As a result, dependent responses are less likely, yet are more extreme when they do occur.

These theories were presented and criticized in an article by Gavalas and Briggs (40). The authors' primary objection was that a number of complex constructs were presented — dependency, frustration, aggression, anxiety, inhibition, displacement — which for two reasons did not readily lend themselves to research. First, the number of constructs employed to explain dependency was too large to permit isolation of a single factor. Secondly, each factor was too vaguely defined for the experimenter to establish a definite relationship. Since empirical evidence has not emphatically sustained or discounted any of these theories, a new concept of dependency, based on Skinner's paradigm of concurrent schedules of reinforcement, was proposed.

The theory proposed to alleviate this problem describes two connotations of dependency: the desire to be near people, and behavior that does not seem appropriate to given occasions. It accepts the first step of the current theories — that the simple presence of people acquires value as a secondary reinforcement. Second, independent behavior that is not reinforced becomes a discriminative stimulus for periods of no reinforcement. These two steps result in a strong habit of dependent response. The individual substitutes the secondary reinforcement of dependent behavior for the less distinct and often less immediate reinforcement of independent behavior.

Four concurrent schedules were established: reinforcement of independent behavior alone, of dependent behavior alone, of both, and of neither. Where both behaviors are reinforced and on a variable ratio schedule of reinforcement, they predict either fixating on one response, or alternating between the two, or superstitious patterns. Where only one response is reinforced only the reinforced response will appear. The authors also proposed that certain intrinsic reinforcements of independent behavior (e.g., task completion) would cause the extinction of independent behavior to be more difficult than that of dependent behavior. As the individual matures and specific reinforcements of dependent and independent behavior no longer regularly occur, independent behavior, during this period of extinction, will tend to increase its prevalence. However, since the dependent response may not be specifically extinguished, it might be recovered dramatically if in later life the individual is placed in a context of strong and frequent dependency reinforcement (e.g., a long hospital stay).

Some of the limitations the authors placed on their proposals include: 1) utilizing reinforcement schedules in a home would be difficult; 2) the intrinsic reinforcement of independent behavior is questionable; 3) the concept of secondary reinforcement is perhaps too broad; 4) the concurrent schedules consider only two alternatives — dependent and independent responses — and make no provision for other kinds of behavior resulting from the schedule.

Learning theorists have, then, described dependency as a behavioral response which is acquired through reinforcement in much the same way as the more rudimentary behavioral patterns are learned. An individual initially responds at random in the presence of an unspecifiable stimulus. Through reinforcement the response becomes conditional to that stimulus and is subsequently emitted by it. For example, a hungry infant cries in the presence of its mother. Repeated reduction of the infant's hunger drive by the mother will on future occasions evoke the infant's cry response when hungry. Physical contact, caressing and other attention behaviors which are present at the time the primary drive is reinforced become, themselves, through association, secondary reinforcers. Dependency as a learned response is thus created.

Let us suppose that a mother withdraws nurture from the child and positively reinforces independence while negatively reinforcing dependence. According to operant theory, the child should, with a continuing of the reinforcement schedule, respond with independent functioning. However, psychodynamic theorists specify that, if such action occurs during the early biologically dependent phases of the child's development, it would constitute rejection or at least affectional deprivation and would cause the child to react with over-dependence. Such dependence would remain with the child as a high secondary drive, difficult to extinguish. On the other side of the coin, over-gratification of the child's dependent strivings past the weaning stage can also create over-dependency as a secondary drive which does not extinguish easily and requires little in the way of reinforcement. In other words, the etiology of dependency must be related to the time of life of the individual which the dependency-producing stimuli occur. During the very early years of development, pressure for independent functioning, when basic survival depends on gratification by adults, may well be regarded as a deprivation and may result in inappropriately dependent, withdrawn, or narcissistic behavior. On the other hand, later in the life of the child, when independence is rewarded by society and dependence frowned upon, independence may be a learned response. A first basic question, which remains unanswered, is at which point in life does the acquisition process of dependent behavior move through the transition from an essentially instinct-based response (hunger, etc.) to a socially conditioned response. A second process about which little is known is how the two types of acquisition (instinctual and social) blend and combine to produce the dependency component in the adult personality.

Developmental Theory

Although many aspects of dependent behavior may find their etiology in early childhood, the individual's capacity for independent functioning is reaffirmed or impeded during adolescence. It is during this period that the child makes his first major bid for the emancipation that will prepare him for independent adult functioning. This push for emancipation is not without its highly conflictual elements, since the adolescent yearns for the security of a dependent relationship with his parents while simultaneously feeling the need to compete independently and adequately with the members of his peer group. Some families are able to help their adolescent members through this emotionally turbulent phase while others are not. Conflict resulting from the search for independence during adolescence has been described by Eisenberg (27). In his attempt to gain independence from the family, the adolescent tends to identify strongly with and obtain need satisfaction through his peer group. Conflict ensues, however, when the family cannot gradually relinquish its dominant role in proportion to the strides made by the adolescent toward independence.

Murphy et al (105) explored the relationship between autonomy striving and parent-child patterns of interaction during the shift from high school to college. Both students and their parents were interviewed at strategic points during the transition period. By studying the student-parent relationship it was noted that autonomous behavior could be achieved either by gradually attaining independence while remaining close to the family or by attaining independence at the expense of close family ties. Parents who were able to delegate increasing responsibilities to the child, who were confident that the child had the ability to assume an adult role, and who could treat the child more or less as an equal remained close to their children. On the other hand, students who achieved autonomy at the expense of family ties have parents with a similar value system, but in the final analysis these parents, unwilling to give up their dominant role, showed considerable inconsistency by treating the child sometimes as an adult and other times as a child. The resulting conflict, due to inconsistency of role expectation, forced the student to choose between a dependent parent relationship and self sufficiency, the latter choice occurring when the need for independence was greater than the need for dependence. Students not having achieved a suitable level of independence by the end of freshman year in college were judged by their parents as unable to deal adequately with the adult world.

According to Jones (69), the transition from dependence in childhood to independence in adulthood depends primarily upon the redirecting of the infantile attachment of libidinal energy invested in the parent to that of a love object other than the parent. Thus, when the adult stage is fully realized, the adolescent is able to relinquish the incestuous attachment to the parent and obtain need satisfaction from the nonincestuous love object. In other words, independence is achieved when the need to be loved becomes subordinate to the need to love. In addition to defining dependency in terms of psychoanalytic concepts, Jones pointed to the possible misconception held by many that the infant feels helpless and defenseless. He stated that while it is true that the infant is dependent upon the parent for need satisfaction it does not necessarily follow that the infant perceives of himself as dependent. In fact, because he has not yet progressed to the level at which he can distinguish his own body from that of the external world, the infant is actually more apt to consider himself powerful than impotent. The basis for the misconception was said to lie in the projection by the adult of his own feelings of dependency.

Adolescence was characterized by Maier (86) as a discrete phase, not a transitional one, in the developmental process. The phase itself, however, is comprised of a series of transitions from dependence to independence, each representing the attainment of a new level of self-sufficiency. In his rejection of parental dependency the adolescent relies on his peer group for the fulfillment of many of his needs until such time as he is prepared to enter and assume the responsibility of the adult world.

Sociocultural Theory

Frequently dependency is spoken of as though it were a totally intrapsychic trait. While many of its manifestations convey this impression, the importance of cultural factors in conditioning dependency is clear. Ruth Benedict (9) pointed this out most succinctly in comparing the childrearing practices of the culture of the United States with those of other cultures. She described the processes in some cultures in which the child is prepared for an independent adult role from an early age by adults who motivate his participation in activities which will later be expected of him. In American culture, on the other hand, there exists a marked discontinuity between the frequently sheltered and over-protected existence of the child and his rather abrupt entry into the adult world where a great premium is placed upon independence, competition, and successful achievement. In commenting on this discontinuity Benedict remarked:

> It is clear that if we were to look at our social arrangements as an outsider, we should infer directly from our family institutions and habits of child training that many individuals would not "put off childish things"; we should have to say that our adult activity demands traits that are interdicted in children, and that far from redoubling our efforts to help children bridge this gap, adults in our culture put all the blame on the child when he fails to manifest spontaneously the new behavior or, overstepping this mark, manifests it with outward belligerence. It is not surprising that in such a society many individuals fear to use behavior which has up to that time been under a ban and trust instead, though at great psychic cost, to attitudes that have been exercised with approval during their formative years. Insofar as we invoke

> a physiological scheme to account for these neurotic adjustments, we are led to overlook the possibility of developing social institutions which would lessen the social cost we now pay; instead we elaborate a set of dogmas which prove inapplicable under other social conditions.

It would appear that economic and demographic factors are causing the cultural conditioning of dependency to increase rather than decrease. In our early, essentially agricultural economy and rural society children were compelled to begin participating in the earning of a livelihood at an early age. Later, as industrialization and urbanization took place, young people were thrown into the teeming competitive environment of the city where independence was, in a sense, tantamount to social and emotional survival. However, with the advent of suburban movement, middle-and-lower-class parents adopted a more pampering attitude toward their children. Since distances between home and destinations are greater than in the city, children are frequently chauffeured to activities. Most leisure-time activities for children and youth are programmed so that little in the way of self-initiated behavior or decision-making is required on the part of the youngsters. Less and less is required by parents in the way of family duties (such as house cleaning and yard work) which at one time were allocated to children. These trends are taking place within the middle-class life style. Nevertheless, as members of the working class (blue collar group) increasingly adopt the middle class as their reference group, they, too, are giving more to and requiring less of the younger family members.

Certainly cultural change cannot be designated as the only, or even the primary, etiological factor in the creation of dependency in the individual. Many individuals develop a high degree of independence within their personality structure in spite of dependency-producing tendencies within the culture. This fact, however, does not preclude the role of culture as one of the crucial factors in the dependency-producing process.

Social scientists have indicated a number of culturally produced processes which they cite as syntonic to the creation of dependency. Merton (100) in his theory of "Social Structure and Anomie" described two types of dependent behavior whose causes he ascribed to the discrepancy which exists between the value structure which places a premium on material success and the true opportunity structure which does not provide similar access for all individuals to the means of attaining such success. Merton postulated that individuals adapt differently to this discrepancy. Two adaptive responses which are dependent in character are that of the "retreatist" who renounces all competitive goal-directed behavior which is normatively controlled and the "ritualist" who drowns his independent strivings in task conformity.

David Reisman's (120) conceptualization of inner-and-other directedness is a theoretical formulation which, if accepted, targets cultural determinism as a pivotal variable in the causal sequence of dependency. If, as Reisman indicated, the precession of economic currents is such that the individual is becoming less related to material productivity (inner-directed) and more related to the provision and utilization of services with the attendant psychosocial transactions involved (other directed), he is becoming increasingly interdependent. The interdependence required for the sustenance of the psychic economy implies a greater amount of dependency on the part of all members of society.

Levinson et al (80) stressed the idea that culture in the United States has greatly increased the interdependent functioning of the individual and has served to increase dependency. He pointed out that the individual as a child, and later as an adolescent, is compelled to depend upon adults. As he moves toward adulthood, he makes a gradual transition from dependence to interdependence. He is able to obtain satisfaction from dependence on others, provided that he, in turn, is able to allow others to depend upon him. In the work situation or within the company the individual depends upon the supervisor or his superior for guidance, direction, job security, etc. There are those who take the position that large corporations and "big government" involvement in the purveying of services are fostering dependency in the individual and robbing him of independent initiative by emphasizing and rewarding conformity and by creating the need for "belongingness" as described by W. H. Whyte (147) in the well-known *Organization Man.*

Implications For Rehabilitation

Psychoanalytic Theory

Erickson's formulation as it applies to dependency has particularly important implications for the field of rehabilitation. Since the handicapped individual being rehabilitated is in a partially regressed state, his emotional responses may be, at times, childlike in character.

Utilizing Erickson's stages one can conceptualize the process of counseling in an Ericksonian framework. The patient places a "basic trust" in the rehabilitation professional who is helping him. If the counselor or the rehabilitation professional reciprocates this trust, especially his trust in the patient's efforts and ability to succeed, the patient's feelings of adequacy will be reinforced. He will then be motivated to try harder, participate more meaningfully in the rehabilitation plan, and be more willing to relinquish dependent behavior.

In a similar vein, Erickson's concept of autonomy also has implications for the rehabilitation process. If the client is to move forward toward increased autonomous functioning, the counselor or other rehabilitation professional must concentrate on building up his feelings of adequacy. Conversely, the client's feelings of adequacy are built upon as the professional allows, encourages, and motivates the client to proceed more autonomously in his own rehabilitation.

The building of an identity is of crucial importance in the rehabilitation process if client dependency is to be reduced. In many cases the impact of a handicap, with its attendant feelings of difference, inadequacy, vulnerability, and defectiveness destroys or seriously impairs the client's identity. In a sense, the professionals involved in rehabilitation are confronted with the task of rebuilding an identity for the client. Almost all components which compose the handicapped client's identity change with the advent of handicap. Body image, vocation, mode of communication and social negotiation, and, in some cases manner of locomotion, become new and different. The synthesis of these components into a new and acceptable identity for the client is a difficult task. The counselor must be sufficiently sensitive to these identity needs and actively help the handicapped person in his struggle to understand and accept his modified identity. Frequently, helping the handicapped person to rebuild his identity involves the use of a role model.

Learning Theory

The reduction of dependency through the use of effective schedules and types of reinforcement would be of particular importance to practitioners in the field of vocational rehabilitation, specifically in rehabilitation counseling. It is well known that the disabled client regresses to a highly dependent state. What criteria does the counselor utilize to determine the technique of management of this dependency? Does he concentrate on providing a nurturing relationship for his client or does he use reinforcement techniques to obtain independent functioning? If the client's dependency level is not unusually high, a frequently used technique is to begin with a nurturing relationship and gradually nudge the client into increasing amounts of independent goal-directed behavior. However, there are many clients (such as disabled clients or those on public assistance) whose pattern of dependency cannot be interrupted by this method. With such clients more definitive knowledge of the development of dependent functioning is required.

If dependency can be considered a learned response subject to positive and negative reinforcement, then the development of a schedule of positive and negative incentives could be developed as part of the rehabilitation counseling process. For the most part, present counseling techniques depend on the goal of vocational rehabilitation alone to motivate the client and counter his over-dependent strivings. This, in essence, demands that the client operate on the reality rather than the pleasure principle; in other words, forego the gratification of current dependent needs for the greater gratifications of the more meaningful life which will follow successful rehabilitation. It may well be that interim rewards for successful achievement could be built into the counseling process. In this situation the counselor would be perceived as a parent-like authority figure.

The use of operant conditioning techniques should also be experimented with within sheltered workshops as well as in other training situations. Positive reinforcement is not infrequently utilized; however, negative reinforcement has rarely been attempted. If over-dependency is acquired as a learned response, it can be extinguishd or at least partially extinguished during the rehabilitation process.

Developmental Theory

In adolescence interdependence becomes a crucial factor due to the importance of peer group acceptance. In rehabilitating adolescent clients, group techniques which utilize peer group identification may provide the transition from parental dependence to independence. Moreover, the involvement of parents in the rehabilitation of adolescents can be of definite value. If the parents cannot allow the healthy emancipation of the adolescent rehabilitee, the independent strivings of the client may be blocked and dependency reinforced. Counseling with the parents of adolescents becomes an important part of the rehabilitation process. In some instances parents feel a loss of control and are threatened by and rivalrous with the adolescent client. In these cases the provision of a relationship with a counselor, if not his child's counselor, is reassuring for the parent.

Sociocultural Theory

The implications of cultural factors must also be considered in the production or reduction of dependency in the rehabilitation process. Attempts by the practitioner to suggest a rehabilitation plan which involves goals and activities that run counter to the norms and values prevalent within the client's culture will be met by resistance which may take the form of a passive-aggressive expression of dependency. For example, if the client is part of an ethnic culture which places a premium on white collar work, he may resent manual work to the point of resistance through dependency. The culture of the rehabilitation practitioner himself may influence the client's dependency or lack of it. If he comes from a culture which is caretaking and overprotective, he may overprotect and create dependency in his client. On the other hand, if the counselor is influenced by cultural factors which place a high value on autonomy, he may force a client into an independent role before he is actually ready for it. Also, if the client feels that he is unable to meet the demands for achievement inherent in our own American culture, he may just give up and lapse into dependency. Thus, reassurance of the client concerning his acceptance by the culture and, indeed, the creation of an accepting cultural milieu around the client during the rehabilitation process is of paramount importance.

Nevertheless, there are also those who do not view with alarm the dependent component of increasing interdependence. They hold that increasing interdependence is merely a fact of life that naturally accompanies the evolution of modern society with its population pressures and its rapid technological advance. It is the position of this group that technological and concomitant social change should evoke adaptive adjustment within an accelerating, dependent society rather than evoking anxiety and resistance.

If it is assumed that a certain amount of dependency is appropriate and, indeed, essential to the normal nurturance and development of the individual, one is faced with the problem of determining the point at which dependency becomes an impediment rather than being a part of healthy ego development. This critical dependency level undoubtedly varies among individuals. It is related to their level of psychodynamic development as well as to the situational pressures to which they are exposed. The functional and dysfunctional effects of dependency upon personality also depend upon the ability of the individual to recognize and accept his dependent strivings. Rehabilitation workers have long known that many of their clients have associated dependency with weakness and loss of control of the ego functions. Blocks to treatment in working with this kind of client are formidable, and a major part of the workers' therapeutic efforts must be initially directed toward the goal of helping the client accept his own dependent need without developing strong feelings of inadequacy.

Because of conflict over their own dependent feelings, many individuals deny their internal needs and react externally with what appears to be independent behavior. Not infrequently, the rehabilitation counselor is confronted with the client who denies his dependency, adopts an unrealistic perception of his handicap, and sets vocational goals that are unobtainable within his capacity.

In conclusion, the behavioral scientist's problems with the nature of dependency might be likened to the physical scientist's problems with the nature of light. In neither case does the practitioner, at this point, know quite what it is with which he is dealing. Yet, his tasks require that he describe, measure, and make work for him the forces and transactions related to concepts which he does not fully understand. What is most interesting is that he is frequently successful.

CHAPTER II

BEHAVIORAL MANIFESTATIONS OF DEPENDENCY

Behavioral Manifestations

Are there different types of dependency? If there appear to be different types, are they merely differing expressions or manifestations of the same basic attribute? Research and clinical observations have as yet provided no definite answers. Nevertheless, for the present it may be helpful to set down a typology of dependent behavior and to delineate such knowledge as is available about each type. Dependency can be classified into two major types according to Heathers (59). He makes a distinction between instrumental dependency, characterized by needs for help, and emotional dependency, characterized by needs for reassurance, affection, or approval.

In this monograph dependency is classified in a pragmatic system; that is, in a manner that is most useful to those whose role it is to cope with it. For example, if a rehabilitation counselor understands the manifest differences between that dependency which occurs in the rehabilitation center and that which is seen in the welfare client who lives in the community, he is better equipped to plan a successful counseling strategy. Here, a social systems approach to the understanding of dependence can be helpful. The motivations as well as stresses and pressures that a patient sustains in contact with the organizational system of an institution in which he resides differ from those to which he is exposed as a member of his family system. The outer manifestations of dependent behavior change as the client's role changes and as the roles of those about him change. In short, the nature of the psychosocial transactions in which the rehabilitation client is compelled to participate influences his dependence.

Thus, by classifying dependency relative to the major type of environmental stimulus in the particular setting which triggers it off, one is at least able to think in terms of manipulating the environment in a therapeutic way as well as utilizing the counseling process to clarify excessive dependent needs for the client within a given social system. The rationale suggested, then, is that dependency becomes classifiable within the following five categories:

1. Social
2. Emotional
3. Financial
4. Institutional
5. Psychomedical

Social Dependency

The socially dependent individual constantly requires help from people around him to negotiate in interpersonal relationships for the achievement of purpose-oriented behaviors involved in daily living. For example, there are those individuals who must have some intermediary to make appointments for them or to initiate the first contact for services which they require. In its extreme form this type of dependency is manifested in the multi-problem or hard-core family members who would literally die rather than go to a clinic, doctor, or hospital for medical treatment. Yet, if a social worker takes them by the hand, leads them to the clinic, stays with them, and negotiates with medical personnel for them, they are willing to accept medical attention. At this point the reader may attribute this behavior to cultural deprivation and the individual's fears and anxieties because of his lack of familiarity with medical care and procedures. While it is true that such fears and anxieties are present, the reluctance to secure medical attention in many such individuals does not diminish with increased familiarity but continues at the same level. As a result, their medical care needs are met only by means of the intervention of a third party to negotiate for them in interpersonal transactions with authority (medical) figures.

Such social dependence may take place as a result of feelings of strangeness, alienation on the client's part, and a fear of coping with the unknown. On the other hand, it may result from a resentment and fear of authority. To the socially dependent individual any role cloaked in authority or related to an authority-based setting is regarded as a potential threat. Thus, social workers and health and education personnel are looked upon with the same mistrust as are police. Yet, they require the help of these very professionals whom they mistrust. In a sense, the social dependent engages in a type of retreat from society. To him the demands of the society become overwhelming and his method of coping with these demands is to constantly seek interventive assistance of others.

Many handicapped individuals become socially dependent because of their feelings of difference from other members of society as well as their feelings of inadequacy relative to the existing norms of competition. In this respect physically, mentally, and socially handicapped individuals develop their own systems of norms and values. They function as a minority group. The subcultures of the deaf, the blind, and other groups have been noted (152). Although these individuals retreat from society into their own subcultures, they often seek the interventive help of nonhandicapped society in meeting their needs.

The socially dependent may or may not be financially dependent. Social dependence exists among minority ethnic groups in their first years of residence in the United States. Psychologically, these individuals may be highly independent and in their own country may have been self-sufficient and depended upon by others. Moreover, they may work and be financially independent. Yet, for an initial period while they are still alienated from the new culture in which they find themselves, they exhibit social dependence. That is, they constantly seek the intervention of others in their relationships with the social institutions.

Emotional Dependency

Emotional dependency is somewhat different in character from social dependency in that it frequently occurs among family members. Its etiology can best be traced through the understanding of psychodynamic processes. Naturally, there is a high emotional component in social dependency and, indeed, in all the five categories stipulated. However, it must be remembered that the classification of dependency being proposed here is based not on basic origin or etiology but rather on locus and type of manifestation. In other words, there are some manifestations of each type of dependency in all types.

Emotional dependency is often characterized by a constant and inappropriate need for emotional support by one family or group member from another. At times this type of dependency takes the form of a need for generalized diffuse emotional support which the emotionally dependent person requires to continue functioning in a relatively adequate way. On the other hand, there are frequent instances in which this need for emotional support is attached to specific life activities of the dependent person. For example, a wife may not be able to deal with particular tradesmen or instiutions in the community and may require her husband to do it for her. Not infrequently, a husband may be able to provide adequate financial support but depends upon his wife for the management of the financial matters of the family. Another example of such dependency is the child who needs his parents to initiate play contacts for him and to intervene in his behalf in defense of his interests with other children.

Emotional dependency as it exists within the family constellation is usually of neurotic origin. In some cases it is prompted by the existence of motives to satisfy unfulfilled needs for affection and nurturance. In other cases it is an expression of unconscious and sometimes conscious hostility against the person who is the target for dependent demands. In other words, the person who fills the needs of the hostile-dependent individual is virtually tied to him and kept in the state of an emotional slave.

Financial Dependency

Financial dependency is one of the most complex types of dependency both from the standpoint of comprehensibility and management. It is a problem which has been with us since the dawn of recorded history and promises to continue. The enormity of the problem in the United States is encapsulated in the following statement (47):

> Statistics indicate that the flight against dependency is no simple action but rather a major war. With over 20 million chronically ill and an estimated 2½ million more eligible for vocational rehabilitation the magnitude of the task becomes apparent. Moreover, an estimated additional 300,000 individuals become eligible for vocational rehabilitation each year. Forty to 50 million people in the United States suffer poverty and some form of dependency. An aging population which includes approximately 16 million people half of whom suffer from poverty compounds the dependency problem and increases the need for rehabilitation services of all types. Considering that 7,841,000 individuals* in the United States are on public assistance, a substantial number of whom are physically and mentally disabled, the need for providing opportunities for rehabilitation becomes evident.

Several theories of causation have been proposed for this type of dependency. There are certain psychosocial theorists who maintain that financial dependence is a learned behavior and, in a sense, an operant response to positive reinforcement by the community which rewards dependency in the form of free income maintenance. The psychoanalytically-oriented theorists postulate a kind of sustained state of depression which these dependents suffer, stemming from both material deprivation and lack of love by parents during early childhood. This early deprivation of nurturance results in a type of emotional inertia which prevents independent behavior and results in a perpetual quest for love and nurturance throughout the life of the individual. Partial confirmation of this theory was attained by researchers of the Boston Chronic Family Project. They noted that frequently highly financially dependent individuals would attempt a psychosocial role reversal in relation to their children. Parents who were suffering from the deprivational depression

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*The most current figures taken from *Health, Education, and Welfare Indicators,* November, 1965 show that as of August, 1965, 8, 118,000 individuals were receiving some form of public assistance.

mentioned above would attempt to force their teenage children into independent roles; the former became increasingly dependent upon their children to make decisions and carry out important family activities, particularly those activities which relate to dealing with community institutions. The cultural component of financial dependency may be high. In other words, the financially dependent client may learn his dependent way of life, a life style quite different from that sanctioned by middle-class norms and values.

This type of dependency appears to be caused by a number of factors acting in combination. In some cases it has basis in reality, that is, gaps in the opportunity structure of the individual which prevent his attempt into independent functioning (lack of education, job opportunities, etc.). However, in many cases, even when the opportunity structure is modified in favor of the financially dependent client, he is resistive to moving in the direction of independence.

Levinson (81) attempted to set up a system whereby the chronically dependent client could be classified in terms of his response to the social agency. Traditionally, a person was classified as chronically dependent if he was receiving help from one or more welfare agencies over a long period of time. However, because social workers employ basically the same treatment method for all clients, and all clients are not helped, Levinson suggested the separation of the chronically dependent group into three subgroups: moral, calculative, and alienative. The moral group would consist of those individuals who respond willingly to the agency's attempts to help because they share a common value system. The calculative group would consist of those individuals who respond only if there is material reward offered, no matter what the value system. The alienative group, the most difficult group to reach, do not respond to the agency's attempts to help because they do not share the same value system as that of the agency or of society at large. Levinson advocated a different treatment approach for each of these groups.

During the past five years increasing attention has been given to the rehabilitation of chronic dependents with physical and mental handicaps. In general, success has not been striking; but what has taken place has been encouraging. The Vocational Rehabilitation Administration has initiated and sponsored a number of special demonstration and research projects in cooperation with welfare departments to test and study new methods and techniques of rehabilitating handicapped clients who are financially dependent and on public assistance. In addition, the Vocational Rehabilitation Administration has also been studying the application of concerted services in the fields of health, education, and welfare for the rehabilitation of financially dependent individuals living in low-cost housing projects (134).

The high degree of complexity of the problem has been well documented by Cubelli (23). His studies indicate that financial dependency rarely, if ever, appears in pure form but is usually compounded by several other types of pathology such as physical illness, mental illness, alcoholism, etc. His findings reveal a high incidence of family stress within financially dependent families with handicapped breadwinners. Whether the stress occurs as a result of the financial dependency or whether the financial dependency is a result of family stress is not known. However, Cubelli concluded from his data that, while there are certain common psychosocial factors which are discernible in the financially dependent family, each family and, indeed, each individual must be approached on a highly diagnostic and individualized basis if they are to be helped.

Much is being learned concerning the rehabilitation of the financially dependent client. Rehabilitation professionals are learning that there must be a close relationship between attempts to modify the client's opportunity structure and his motivational structure. In the fight against dependency there has been a trend over the years to focus either on intrinsic or extrinsic motivational factors rather than to consider them equally important in motivating the disadvantaged. In the 1930's and 1940's, with the upsurge of psychoanalytic thinking, rehabilitation for the disadvantaged was seen to take place only if a modification in the psychodynamic structure of the individual could be accomplished. In the late 1950's and early 1960's the emphasis has swung to changing the opportunity structure for the disadvantaged through re-education and job placement. Here it must be stated emphatically that the handicapped can be rehabilitated only if both the psychodynamic and opportunity structures are modified on an individual and diagnostic basis. The individual who is intrapsychically blocked and unmotivated cannot make maximum use of an improved opportunity structure. On the other hand, even the most highly motivated and well balanced individual cannot raise himself from a position of disadvantage if most paths of opportunity are closed to him. In other words, to make training and job opportunities available is not sufficient. Rather, it becomes necessary for rehabilitation counselors to regard the financially dependent client as a psychosocial-vocational entity, such that his social, emotional, and vocational needs will be met by a given vocational rehabilitation plan.

Much research with multi-problem or hard-core dependent families has taken place over the last fifteen years (14, 24, 30, 37, 84, 110, 148). A principal finding of this research is that in many of the families on public financial assistance the pattern of financial assistance is generational in character. In a significantly high number of cases these families have been on public assistance for two generations, three generations, and in some cases even four generations.

As indicated earlier in this chapter, financial dependence from a psychological point of view is not necessarily a special kind of dependency. However, as a manifestation of dependency it has some unique characteristics which must be considered in the process of rehabilitation counseling with the handicapped client who is on some form of external income maintenance.

Institutional Dependency

The process of rehabilitation of the socially, mentally, or physically handicapped individual does not always begin in the general community. Frequently, such rehabilitation is initiated in institutions such as general hospitals, chronic disease hospitals, residential rehabilitation centers, mental hospitals, sanataria, institutions for the mentally retarded, and correctional institutions. Goffman (42) termed these institutions "total institutions" and described them in terms of the following four characteristics:

1. All aspects of life are conducted in the same place under the same single authority.
2. Each phase of the member patient's daily activity will be carried out in the company of a large batch of others all of whom are treated alike and required to do the same things together.
3. All phases of the day's activities are tightly scheduled, with one activity leading at a pre-arranged time into the next, the whole circle of activities being imposed from above through a system of explicit formal rulings and a body of officials.
4. The contents of the various enforced activities are brought together as parts of a single over-all rational plan purportedly designed to fulfill the official aims of the institution.

Naturally, in some such total institutions individualization does take place and needs of patients are met on a diagnostic basis. However, in general, the four characteristics are essentially true. In such an institutional climate there are negative forces which can create and foster intensification of dependency in the patient or inmate population. Basically, the patient is always aware that his essential needs for food, shelter, clothing, and medical attention will always be met, regardless of what he does or does not do. This situation creates a fertile environment for the growth and flourishing of dependency. Moreover, there are not infrequent instances in which the patient's efforts to do things for himself are discouraged, blocked, or openly prohibited because they interfere with institutional routine, inconvenience staff, or require extra time that staff members find themselves unable to give. The very routinization of activities stultifies independent thinking; and those patients who attempt to question the institution's way of doing things are regarded by staff not as individuals fighting dependence but rather as problems to the functioning of the institution. In addition to the dependency imposed by the social structure of the institution, the patients feel intrapsychically inadequate because they are always painfully aware that they are institutionalized because of some defect, inability to function adequately outside the instiution's walls, and deviant, even if temporarily so, from what is considered normative by society.

Paradoxically, then, the very social structure whose goal, in many cases, is to return the patient to independent functioning outside its walls creates a psychosocial milieu which is antithetical to this goal. This problem and its effects are documented by Margolin (88) in his formulation of the "failure syndrome" in hospitalized mental patients. These patients suffer from an unconscious and, at times, conscious need to fail in their rehabilitation. Margolin pointed out that this failure-seeking syndrome is set in motion by a threat to the patient's current feeling of security. In the hospital the patient has adjusted to a way of life that satisfactorily meets his needs for self-preservation. The patient may function well until some change has been instituted, such as movement from one ward to another or an impending discharge. In many cases, the prospect of discharge from the hospital threatens the mental patient's dependent status and represents a threat of such magnitude to his security that it stimulates failure-seeking activity. In speaking of the mental patient, Margolin (89) summed up the problem of institutional dependency in this statement:

> It is safer to suffer eternal bondage and mental invalidism because there is a certain amount of security within the confines of this towering isolation. In fact, failure becomes his only success. Thus, he learns a way of life which we may euphemistically call institutionalization or secondary gain from illness.

The primary means of combating institutional dependency lies in the philosophy, structure, and functioning of the institutional organization itself. The degree to which an institution is isolated from or linked to the ongoing activities of the community determines, to an important extent, the patient's motivation for independent functioning. Moreover, staff relationships and processes within the organization must be such as to stimulate independence rather than dependence in patients. Research has shown (135) that staff attitudes and relationships appreciably affect the progress of the patient. For example, members of the nursing service, who help the handicapped patient get out of bed when the physical therapy department has recommended that the patient needs the exercise involved in getting out of bed himself, not only impede the physical rehabilitation of the patient but are instrumental in the reinforcement of dependency.

The value of the therapeutic community as opposed to the custodial community has been well documented by Jones (71), Greenblatt et al (51), and Peffer (114). A custodial type of environment fosters dependency and thwarts independent strivings. In the therapeutic community, on the other hand, all staff bend their efforts toward helping patients take independent steps. To fight dependency within the institutional setting a concerted effort is required by all staff members, not only by professional staff. To achieve this concerted effort the organizational processes of communication, coordination, and cooperation must be highly developed among the various disciplines and staff echelons. When the reduction of patient dependency becomes an organizational goal of the institution success is possible.

Psychomedical Dependency

A fifth manifestation of dependency may be called, for want of a better term, psychomedical. By psychomedical dependency is meant those dependent responses evoked by physical illness or handicap. This type of dependency is reality-based since the patient is, in fact, incapacitated and is compelled to depend on those around him to satisfy his reality needs. He is, in effect, placed in a position of childlike dependency and, in most cases, goes through a period of regression. However, the level to which the patient regresses and the length of time in which he remains regressed depend upon the nature of his dependent needs prior to the illness and the attitudes of significant people in his psychosocial milieu. Psychomedical dependency is a natural and symptomatic consequence of illness and should be accepted as part of the illness or handicap. However, the manner with which it is dealt by those who enter into social transactions with the patient influences his recovery from the illness as well as his relationship to the rehabilitation process.

In a recent study of physical therapists Goldin (45) found that respondents adopted one of three techniques in the management of dependency. One group adopted what might be termed a "reality-oriented" attitude toward dependency. This group, which comprised two-thirds of the sample, felt that it was important to motivate the patient to achieve his maximum potential within the limitations of his handicap. They felt that a certain amount or urging and pressure by those around the patient was acceptable as long as the patient was not pushed to try to achieve goals which were so difficult to attain that they aroused his anxiety.

A second group of therapists were governed in their motivation of patients by an "acceptance philosophy." They took the position that, although they were committed to the maximum rehabilitation of the patients, they could best meet their clients' psychological needs by not motivating them to fight actively the dependency of their handicap, but by helping them to accept and live within the framework of limitations imposed by the disabling conditions.

The third group of therapists believed in approaching the dependency problems of the physically handicapped individual with what has been referred to as a "Spartan" philosophy. This approach is predicated on the idea that if rehabilitation expectations are set at a high level (in some cases higher than the patient's capacity warrants) he will strive to meet them if constantly urged and, thus, attain a higher level of rehabilitation than if goals set were completely within his capacity. The proponents of this point of view believe that the chronically ill and handicapped individual has far more potential for overcoming dependency and living a normal life than is ever tapped because he is incompletely motivated. This group is of the opinion that placing the patient under pressure to achieve and making demands are constructive devices. They are not concerned with the anxiety which the patient mobilizes over doubts of his success, nor do they feel that the patient's discouragement at failures along the way are detrimental to his personality functioning if adequate counselor support is provided. The professionals who are convinced of the efficacy of this approach in combating dependency in illness and handicap maintain that anxiety and frustration can be channelled constructively to become a positive motivating force. They point to such individuals as Helen Keller, Glenn Cunningham, Harold Russell, and Franklin D. Roosevelt as testimony to the validity of their hypothesis.

It is interesting to note that the approaches to dealing with dependency are shared by professionals in the various disciplines involved in rehabilitation. An unpublished study by the authors (44) suggest that these same attitudes toward dependency in handicap and illness exist in the general population as well as in professionals in the field. No one of the three approaches is workable with all individuals in a state of psychomedical dependency. The response of significant others in the immediate environment of the individual (professionals treating him as well as his family) has to be tailored to suit the personality structure of the patient.

While these three philosophical approaches relating to client dependency in the rehabilitation process may seem somewhat arbitrary, they do, nevertheless, provide a typology for understanding environmental response to handicaps which can be helpful to the practitioner.

In summary, an attempt has been made to classify or develop a typology of dependency and to discuss some of its correlates. It is possible in a descriptive way to differentiate among its various manifestations. This course of action at least enables the rehabilitation clinician who must deal with dependency to identify dependent behavior in a manner which permits the development of coping techniques.

In setting down the typology the authors do not imply that expressions of dependency are caused by the external situations alone. It is recognized that intrapsychic dependency needs which have been built up within the personality structure of the individual throughout his life play an important part in determining the quality and intensity of the dependent response to situational factors discussed. While all five types of dependency have been discussed under the head of "expressions" for the sake of convenience, they are not homogeneous in character. Financial, institutional, and psychomedical dependency may be brought about by given siutations which are, in a sense, imposed by fate. Social and emotional dependency, on the other hand, tend to be more interpersonal and persist or transcend a number of situations.

It must again be emphasized that this classification of dependency expressions has as its purpose the analysis of responses as they occur within rehabilitation settings in order that the rehabilitation practitioner may take definite steps in the management of the client's dependency.

These, then, are five manifestations of dependency. There are other behavioral responses which cannot be classified as being essentially dependent but with which dependency has been found to be associated. The rehabilitation professional works with clients in various milieux. The hospital, the rehabilitation center, the sheltered workshop, and the community itself are all involved in the rehabilitation process. The dependence of the handicapped person is modified and molded by particular structures of the psychosocial situation which the client finds himself in at a given time. If the client is living with his family, the counselor must be prepared to deal with the neurotic type of emotional dependence which family relationships frequently evoke. If the client happens to be a long-term public assistance case, the counselor must be aware of and deal with the acquired life style of the confirmed financial dependent. Moreover, if the rehabilitation worker understands the client's alienation and the subsequent development of social dependence, he is in a good position to begin quickly the reintegration process which will decrease the client's feelings of resentment, mistrust, and fear of society so that he can rely on his own negotiative skills to get along.

Social Dependency

Sometimes the combating of dependency requires drastic measures. When the professional rehabilitation worker recognizes social dependency in a client, it may be necessary for him to literally "take the client by the hand" to involve him in the rehabilitation process. As rehabilitation progresses the rehabilitation worker should make attempts to wean the client away from his need for an intermediary to intercede for him in his relationships with authority and the community institutions. This is frequently a difficult task, since the client's resistance is usually great. However, as he achieves success in negotiating for his own needs, this resistance decreases. In other words, the rehabilitation worker must develop an approach which depends upon a combination of intervention in the client's behalf and nudging for independent forward movement. The professional helping person cannot compel the individual to relate to the social institutions. This course of action only raises his anxiety level and can result in his immobilization. It is rather a task of reeducation based on an operant rationale. The client is helped to experience a rewarding situation when he makes independent attempts at relating to community institutions and resources. This process is, of course, gradual and extended.

A major problem in dealing with the socially dependent client is the discouragement of the rehabilitation worker at the slow movement and apparent failure of the client to change. Yet, change can and does take place if the treatment relationship is strong enough. The socially dependent client is an individual who has been traumatized, not only by one person or a small group of people, but by society in general. To achieve success with this type of client he must be integrated into a society of which he was never really a part.

Emotional Dependency

Emotional dependency in the family is of crucial importance to the practitioner in the field of vocational rehabilitation since significant members of the client's family are important in motivating him either positively or negatively. The McPhee studies (96) clearly indicated that family support of the client in rehabilitation is of paramount importance in the success or failure of a rehabilitation plan.

The attitudes which family members adopt toward the client's dependent strivings can profoundly influence his motivation to work toward self-help in the rehabilitation process. For example, an overprotective wife or mother can raise the handicapped client's anxiety level to a point where he is fearful of attempting activities which are basic to his successful rehabilitation. On the other hand, if family members are unable to accept the usual dependent feelings commonly expressed by disabled people, they may adopt a "Spartan-like" attitude to push the client physically or emotionally into discouragement and consequent failure.

The reduction of emotional dependency poses complex problems for the practitioner in the field of rehabilitation because this dependency is conditioned by powerful relationships over which the professional has little direct control, namely, family relationships. The issue raised here is what is the rehabilitation worker's responsibility for counseling with families of their clients. There are those who would relegate this role to another agency (family counseling or psychiatric). On the other hand, some rehabilitation counselors work directly with family members to resolve overdependent relationships which are blocking their client's movement.

There are instances in which emotional dependency can be channelled constructively even if it cannot be fully reduced. For example, if a client has a particularly strong dependent relationship with a certain family member, the family member, if properly counseled, can make demands upon the client for some independent action in certain areas of functioning. The client, rather than lose the gratification of the emotional relationship, will with urging be willing to undertake certain independent action in behalf of his own rehabilitation.

In the final analysis a dependent relationship is at least dyadic and its nature and configuration are as much determined by the manner in which the target individual reacts to the dependent person's demands as it is by the psychology of the individual from whom the dependent behavior emanates. In this regard, suggestibility of the dependent individual and his conformity become key variables in the determination of the course of the dependent relationship.

Financial Dependency

With the financially dependent rehabilitation client a brand of intensive counseling is required in which the counselor uses his helping relationship to provide what may be called "focused emotional support." By this term is meant that the counselor remains sensitive to particular segments or problem areas in the client's social and vocational functioning. He encourages him and, to some extent, directs his activities in these areas. In this respect the counselor allows a certain amount of dependency in the helping relationship while at the same time is actively pushing for independent reality testing and confrontation on the part of the financially dependent client. While counseling in this manner, the counselor must stay carefully attuncd to the normative and value systems of the client's subculture and gear rehabilitation procedures to change the value structure of the client and indeed manipulate, if necessary, his cultural milieu by exposing him to a totally new environment. Only when such social resonance is attained can the counselor truly communicate with the financially dependent rehabilitation client. However, the achievement of a strong helping relationship with the financially dependent individual is difficult because of the intense emotional demands of the client. It has been observed (46) that not infrequently social workers and counselors actually take on a kind of situational depression as a result of prolonged work with this type of client. Not only does the financially dependent person lean heavily on the worker for support, but the emotional and professional gratification of the worker are minimal. With the highly financially dependent client much effort is required on the part of the counselor to achieve small amounts of positive movement.

If we accept Levinson's classification of the chronically dependent group into the subcategories of moral, calculative, and alienative, the rehabilitation counselor or practitioner must orient himself differently to each of these sub-groups. The morally involved group might respond to a suggestive treatment technique which would involve invoking the norms and values of society which place a premium on independent functioning, self-support, and individual attainment. The calculative group might respond to treatment which relied on the positive reinforcement of tangibles and the self-gain of the individual client. The alienative group would pose a far more difficult problem for the individual in that treatment might have to be directed toward the reclamation of the client into the mainstream of society. This treatment technique would require that the client be convinced that the norms and values of society relative to rehabilitation were good and self-satisfying and that the rewards of society's approbation had meaning. Nevertheless, it must be recognized that the alienative client is one whose relationship to his social group may stem from psychopathology which must be dealt with on a deeper psychotherapeutic level. Such treatment may not be within the purview or capability of the rehabilitation practitioner.

Institutional Dependency

The rehabilitation professional who works in or treats clients in an institutional setting can function more effectively in the management of client dependency if he realizes the profound effects of the institution's social structure upon the personality of his client. Although the worker cannot make major changes in the organization's social system, he can intervene in his client's behalf at key points and negotiate with the institution's personnel to allow and stimulate a measure of independent functioning in the client. If active volunteer programs are instituted and patients allowed to participate in community activities, it becomes more feasible to integrate patients as part of the community when they are ready for discharge and vocational rehabilitation. Such an approach requires that the institution involve itself in community planning and organization so that it becomes a recognized part of the network of community agencies. It also means that professionals must accept constant interpretation of the institution's functions and purpose as a part of their professional role.

Psychomedical Dependency

With the use of the psychomedical classification one can see vast implications for the rehabilitation counselor. First, this typology can help to create a self-awareness in the rehabilitation professional relative to his own attitudes toward client dependency. The practitioner who is "Spartan" in the excessive demands he places upon his clients may create anxiety which can immobilize the client while it mobilizes increased dependent strivings. On the other hand, the professional who operates on a total acceptance philosophy runs the risk of overprotecting his handicapped clients and failing to motivate them to fight their own dependent strivings.

Secondly, it is most helpful if, in a general way, the counselor can classify his client's response to his own dependent strivings. This diagnostic stratagem holds implications in formulating a rehabilitation plan for the client. If a particular client has "Spartan" leanings in his personality, the counselor may be able to take advantage of these in working out a rehabilitation plan which is somewhat more difficult and makes great demands upon the client's capacities. Yet, to move a client who is highly dependent into a program which makes such "Spartan" demands constitutes poor rehabilitation planning and will frequently end in failure. The client who accepts his limitations realistically but is willing to work to his optimal capacity can be planned for without serious problems.

However, most professionals who work with the ill and handicapped would agree that, regardless of the personality structure of the patient, it is important for those around him to sympathize and accept his dependency. This does not imply that no attempts are to be made to motivate independent functioning in the patient. It does mean, however, that those around the patient convey that they accept the fact that the dependency is reality-based and make no attempt to deny or prevent the patient from expressing his dependent feelings. This point is stressed because there are individuals who are unable to accept their own dependent feelings. They cannot tolerate dependent feelings in others because they arouse their own dependency conflicts. The person with this type of personality structure frequently reacts to the dependent patient with hostility. At times this hostility is unconscious; at other times conscious and suppressed. Sometimes it is openly expressed. Neverthless, whatever form this hostility takes, the patient usually perceives it and reacts adversely to it. Equally as problematic is the therapist or counselor who reacts to the patient's psycho-medical dependency with anxiety because it mobilizes fantasies concerning his own defectiveness and possible mutilation ("there but for the grace of God go I" and "it could happen to me"). Professionals who react to psycho-medical dependency in this manner should be helped to work through these feelings. Members of the patient's family who have these problems can be helped by counseling, medical casework, and psychiatry.

CHAPTER III

METHODOLOGICAL PROCEDURES FOR THE STUDY OF DEPENDENCY

The development of methodological procedures for the study of dependency involves difficult problems. Unlike a chemical or a microorganism, dependency cannot be isolated but of necessity must be studied as it occurs in combination with other personality traits or attributes. There is always the possibility that the responses of subjects are reflecting not only the trait of dependency but are being contaminated by other traits. Nevertheless, psychologists and social scientists have continually attempted to refine methods of studying this elusive type of behavior or trait. If dependency is regarded organismically, it is conceptualized as a trait. However, it can be considered also as a repsonse variable.

In attempting to identify dependency as a variable, four major methodological approaches have been utilized:

1. Psychological tests
2. Ratings and sociometric techniques
3. Laboratory behavioral measures
4. Biographical data

Although total reliance on psychometric tests in evaluating the rehabilitation client is frowned upon by some who maintain that they are poor substitutes for good interviewing skills, the judicious use of selected tests could be helpful. Laboratory behavioral measures are usually not available to the rehabilitation practitioner. However, biographical data can be obtained from most clients. The use of sociometric methods for identifying dependency, while not usually possible in the counseling setting, might be effectively attempted in group settings such as the sheltered workshop and rehabilitation center.

In developing a psychometric approach, psychologists hypothesize that certain normal personality variables are components of dependency and that these components are identifiable and measurable. Among the most commonly considered are submission, affiliation, need for nurturance, succorance, and deference. Although the Rorschach, Thematic Apperception Test (TAT), and other projective tests have been used to measure these variables, research for the most part has been with the pencil-and-paper tests. In some instances, special tests have been constructed; in other instances, scales derived from existing tests such as the Minnesota Multiphasic Personality Inventory (MMPI) and the Edwards Personal Preference Schedule (EPPS) have been utilized.

Measurement of Dependency

Self Report Measures

Navran Dependency (Dy) Scale

The MMPI consists of 550 statements in which the subject is asked to sort into true, false and cannot say categories. Personality characteristics are assessed on the basis of nine clinical scales.

In a study by Navran (107) 16 judges chose those items on the MMPI which they considered to be indicative of dependency and specified the direction in which a dependent person would respond. Internal consistency was determined for two samples of 50 neuropsychiatric patients and cross validation procedures were carried out between the two sample populations. The final scale consisted of 57 of the original 157 items, the reliability for which was .91 for 100 patients.

Interestingly enough, because psychiatrists, psychologists, social workers, and counselors use the term freely, some practitioners treat dependency as though it were a validated psychological construct. This is far from true. To test the construct validity and meaningfulness of the concept of dependency, Nelson (109) had psychotherapists administer to 80 patients a semantic differential and several direct measures of dependency, one of which was the MMPI, and then rate the extent of dependent behavior manifested by these patients in the therapy situation. Although ratings of behavioral dependency and dependent responses on the semantic differential were found to correlate positively, no relationship was established between scores on the Navran dependency scale and either dependency in psychotherapy or length of treatment. A high negative relationship was established between dependency and ego strength. It was concluded that dependency is conceptually meaningful but remains to be experimentally validated as a construct.

A somewhat different approach to the concept of dependency was taken by Brudbard (13). He postulated that an individual who scores low on dependency is, in fact, as dependent as one who scores high; only the mode of handling dependency needs differs. In the study he attempted to show how measures of dependency might vary with the changes in the subject's focus of attention. Ninety-nine college students were given the Navran Scale and were subsequently classified into three groups: deniers (low scorers), flexibles (medium scorers), and acceptors (high scorers).

Two Crutchfield conformity tasks, one employing geometric figures and the other vocabulary words, were presented. Directly following the experimental session, subjects were asked to evaluate their performance. The hypothesis that dependency acceptors would conform more to group pressure than the dependency flexibles was supported for geometric figures, but not for vocabulary words. Both acceptors and deniers took longer to respond on both tasks than the flexibles. For performance evaluation, underestimation of conformity behavior was evidenced by the dependency acceptors, not the dependency deniers as had been predicted.

The Edwards Personal Preference Schedule (EPPS)

The EPPS provides measures of 15 personality variables through the use of a schedule that consists of pairs of statements from which the subject is told to choose that which is most characteristic of himself.

Bernardin and Jessor (10) tested three postulated correlates of dependency in a construct validation experiment. Dependency was measured by the EPPS and defined as the score at or above the 70th percentile on deference and at or below the 50th percentile on autonomy with a minimum of 30 points between. Independence was defined similarly but in the opposite direction. Four groups of subjects were utilized in the first experiment: experimental-independent, experimental-dependent, control-independent, and control-dependent. The experimental groups received negative verbal reinforcement while the control groups received none. As predicted, the experimental-dependent group responded negatively to critical comments; this group made significantly more errors, took significantly longer, and evidenced significantly less savings on a maze task than did the control-dependent and experimental-independent groups. The second proposed behavioral correlate of dependency—reliance on others for help — differentiated the independent and dependent groups, the latter requesting help and reassurance significantly more often. That conformity to group opinion would be greater for the dependent group than for the independent group was not supported.

Marshall (92) administered the EPPS and the Peptic Ulcer Index (a self and ideal self rating scale dealing with the variables dominance, aggression, efficiency, responsibility, self-sufficiency, strict moralism, emotional inhibition and conformity) to groups of 40 ulcer, 20 psychosomatic nongastro-intestinal and 20 nonpsychosomatic patients, all hospitalized Army soldiers on active duty. Since the non-ulcer groups did not differ significantly on the variable under consideration they were combined for the purpose of analysis. Results indicated that the ulcer group was significantly more conforming and more emotionally inhibited than the non-ulcer group; other differences were not significant. Moreover, there were no differences in dependency conflict among groups as measured by the discrepancy scores between the self and ideal self ratings. Only intraception on the EPPS differentiated the groups — ulcer patients scored significantly lower than did the non-ulcer patients; no differences between groups occurred on the achievement, change, dominance, and aggression scales.

The effects of reinforcement on the performance of dependents has been investigated. Cairns and Lewis (16) differentiated high and low dependents on the basis of EPPS responses. Subjects were administered the Interpersonal Checklist for a self-reported measure of dependency and the Behavioral Dependency Test for which requests for help and time of such requests were recorded. Cards containing pronouns and verbs of dependency, aggression, and neutrality were then presented, and the subjects were instructed to make up a sentence using a pronoun and one of the three verbs. Use of one of the three verbs was reinforced with verbal approval by the experimenter for each subgroup of high dependents. After the experimental task was completed, subjects were asked to rate their feelings toward the use of such reinforcement. Subjects who regarded the reinforcement in a positive way conditioned to a higher level than subjects who assigned a negative rating to the use of verbal approval. However, there were no overall differences between high and low dependency groups for level of conditioning or for rating direction for reinforcement. A marginally significant shorter response latency was provided by the high dependents to the Behavioral Dependency Test. Dependency as determined from the EPPS was significantly related to Interpersonal Checklist items measuring dependency.

The literature suggests that there would be a value in experimenting with the use of the Navran Scale of the MMPI as well as the EPPS in counseling with rehabilitation clients. Although the EPPS does not directly measure dependency, it does evaluate dependency in terms of indices. The New England Rehabilitation Research Institute has been conducting research using these instruments. Preliminary findings will be available in the near future.

Other Self-Report Measures

In order to measure personality variables in relatively pure form, Comrey and Schlesinger (21) constructed a scale of factored homogeneous item dimensions (FHDI). The questionnaire, consisting of 32 personality dimensions and four validity scales, was completed by 506 community and student volunteers. From a factor analysis of these variables and nine additional background data variables, shyness, dominance, hostility, compulsiveness, and dependency emerged as significant factors. Factors with substantial loadings on dependency were conformity (.66), need for approval (.61), and succorance (.61). While the dependency factor on this instrument remains to be validated, it has been identified and isolated.

Merenda et al (99) tested the extent to which the Activity Vector Analysis Test (AVA) is a measure of passive dependency and, as such, correlates with the Kessler Passive Dependency Scale (KPDS). Both tests were administered to male and female adults. Subjects were divided according to sex and classified as passive or nonpassive dependents on the basis of the KPDS. Mean AVA vector scores for each group were obtained. Comparisons indicated that passive dependents were less aggressive and less sociable, possessed a greater degree of emotional control and described themselves as more socially adaptable than the nonpassive dependents. Both scales yielded a higher passive dependency personality component among females.

Fordyce (34) developed an instrument to measure dependency, the items of which involved descriptions of self and ideal self and recalled descriptions of parents. Items were classified as dependent-independent, behavior-feeling, and social desirability and were balanced throughout the scale. Male psychiatric patients were divided into high and low dependency groups on the basis of self-concept. Results indicated that groups could not be differentiated by their ideal self-descriptions, the discrepancy between self-and ideal self-descriptions, recalled descriptions of mother, or the degree of correspondence between self-description and recalled description of mother. Independent males, however, did describe their fathers as more independent and because of the correspondence between their self-concept and that of their fathers, they were said to identify with their fathers. Both groups leaned in the direction opposite to their classified independency-dependency status in describing their ideal selves.

Conformity, persuasibility, and independence of judgment are, as previously mentioned, important correlates of dependency. Gerai (41) administered two forms of an 18-item Crime Questionnaire to 60 subjects equally divided among four experimental groups and a control group. The first form was a written test; the second form, an oral test. Influence attempts which were interposed between the two administrations were varied for the four experimental groups. The Direct Independence Appeals group (DI) was instructed to give judgments not necessarily in agreement with anyone else. The Direct Conformity Appeals group (DC) was instructed to give judgments not necessarily different from that of anyone else. The Indirect Independence Appeals group (II) was given an essay and questions to answer regarding its content — strong arguments for independence. The Indirect Conformity group (IC) was presented the same questions as group II but without the essay. The control group simply took the written and oral forms of the Crime Questionnaire. Subjects were instructed to render sentence for particular crimes; on 12 of 18 crime questions the 5 or 6 stooges conferred light sentences on serious crimes and vice versa. As predicted, the IC group showed significantly greater conformity than groups DI, II, and C; group DC showed significantly greater conformity than group C, but only a trend toward greater conformity over groups DI and II. Indirect methods of conformity appeals were concluded to be more effective than direct methods; conformity appeals were more effective than independence appeals, the latter resembling the no-appeals or control group.

In experimental situations, a direct relationship between dependent behavior and suggestibility has been established. Jakubczak and Walters (66) exposed two groups of 9-year-old boys, high and low in dependency as determined by the Kescher scale (1957), to the autokinetic effect. Contrary judgments by both adults and peers as to the location of a pinpoint of light were given. It was found that the high dependency group was influenced to a significantly greater extent by judgments of others than was the low dependency group. When the relative effects of adults and peer judgment were analyzed, only suggestions given by adults significantly influenced subject behavior in the high dependency group. In addition, the high dependency group was significantly more willing to accept help.

Hirsh and Singer (61) administered to a group of chronic rebellious and to a group of nonrebellious adolescent females a series of situations involving conflict between teen-agers and authority figures. Subjects were instructed to indicate who was "in the right" or to withhold judgment. The nonrebellious group tended to side with the authorities while the rebellious group tended to side with the adolescents. However, the nonrebellious females noticed the paucity of information and revealed a lack of confidence concerning their judgments. On the other hand, the rebellious group, who identified with their peer group, tended not to recognize the lack of information in the situation presented and consequently felt more confident in their judgments.

Using the MMPI, Gough's Adjective Check List, General Maladjustment Scale, Welsh Figure Preference Scale, and a questionnaire, Barron (5) utilized an experimental situation to determine personality correlates of independent judgment. He found that, in a general way, individuals who showed independence of judgment were original, emotional, artistic, preferred complexity, were creative, formed close interpersonal relationships, and were individual rather than group oriented. Yielders to group pressures, on the other hand, were obliging, optimistic, efficient, determined, patient, kind, practical, preferred simplicity, and were oriented to the group.

Aside from measuring dependency psychometrically, the construct can be created and manipulated within the experimental situation itself. After administering to 72 college students a self-report inventory from which a measure of dependency was obtained, Tongas (142) assigned half of the high and half of the low dependents to a "help" condition and the remaining half of each dependency group to a "withdrawal of help" condition. For the "help" condition subjects received assistance for the entire 20 minutes in solving a highly difficult problem; for the "withdrawal of help" condition subjects received assistance for the first 10 minutes only. The latter was considered to be the dependency-arousal condition. In addition, subjects were given an index measuring persuasibility both before and after the experimental session. Results indicated that high dependents scored higher on persuasibility than did low dependents. The dependency-arousal condition did not produce significantly higher persuasibility scores as was expected. However, high dependents were found to have increased in persuasibility more than did the low dependents in the arousal condition.

Experimentation has shown the need of dependent subjects for a more formalized environment in which to function. Kuenzli (75) administered to a group of 100 college students items involving controversial subject matter. Among the items the following was used to differentiate students who favor high structure from students who favor low structure situations: "It is essential for learning or effective work that our teachers or bosses outline in detail what is to be done and exactly how to go about it." Thirty-three subjects "agreed" or "strongly agreed" with the item and were placed in the high structure group; 67 subjects "disagreed" or "strongly disagreed" with the item and were placed in the low structure group. Following testing the subjects filled out a personal data sheet containing items, among others, concerning religious preference, family income, college major, political leanings, marital status, and hometown population. Analysis indicated significant differences for most of the items for the two groups. The concept of dependency was proposed to account for the results. It was suggested that an individual who prefers high structure is one who tends to be "less mature, less confident, less differentiated in cognitive experiences."

Potanin (117) studied the effects of experimentally induced stress on perceptual variables of depth and detail in relation to the personality variables of dependency, insecurity, and anxiety. Male undergraduates were divided into high, medium, and low groups for acknowledged dependency and insecurity on the basis of the Taylor Manifest Anxiety Scale. Preference for detail and depth was measured at each of two sessions. Half of the subjects were informed after the first session that they scored on the borderline of the Masculinity-Femininity subscale of the MMPI and constituted the stress group for the second session; half of the remaining subjects were told that they scored on the masculine end of the distribution and served as controls along with subjects who did not take the MMPI subscale until the end of the second session. A significant difference resulted among the dependency groups with respect to preference for detail on the first session before stress was introduced, with the high dependency groups preferring greater detail. However, the change in preference for detail after stress was introduced was significantly related only to insecurity. Detail was more preferred under stress by the low insecurity group and less preferred by the medium insecurity group; the high insecurity group showed no change. Change in preference for depth was related only to level of anxiety. Low anxious subjects increased their preference for depth under stress while medium and high anxious subjects evidenced no change in depth preference.

The effect of psychological factors on perceived physical sensation may be of use in determining the extent to which an individual is dependent. Collins (20) surveyed a sample of 62 U. S. soldiers with Childhood History Questionnaires for which each subject rated himself for protection, independence, and stimulation (new experience, changes, etc.). The sample was then tested for pain sensitivity by increases in intensity of electric shock to two fingers. A positive correlation was found between protection and pain threshold as well as between protection and pain tolerance. Independence correlated negatively with both pain scores. No relationship existed between stimulation and the pain scores. It was concluded that sensitivity to pain was greater in adulthood when pain was experienced to a greater extent in childhood.

It appears that conformity is one response indicative of dependency. One frequently used design is that pioneered by Asch and his associates (3). The subject is strategically placed among confederates in a social group situation and each is instructed to give verbal judgment in the presence of the others. The confederates on "critical" trials unanimously give incorrect responses. The extent to which the subject submits to group pressure on such trials is the measure of conformity behavior.

In an effort to measure the relationship between conformity behavior and several personality variables Levy (83) administered the EPPS, Social Anxiety Scale, and the Social Desirability Scale. Subjects were then placed in individual booths and given multiple-choice problems to solve as in the standard Crutchfield conformity situation. Results indicated that those scoring higher on the nurturance and affiliation scales on the EPPS conformed significantly more to social pressure than subjects scoring lower. Trends only were established for other scale variables. It was suggested that the lack of significance might be attributed to the difference in social pressure in the Crutchfield as opposed to the Asch situation. In the latter, subjects render judgment verbally and in the presence of each other; the pressure to conform is, therefore, greater than when judgment is given more or less anonymously as is done in the Crutchfield situation.

Zuckerman (153), by means of peer ratings, classed 63 student nurses as rebellious, submissive, conforming, or dependent (the latter three groups comprised the general class of dependents). By combining scores on the deference, succorance, and abasement scales of the EPPS, "rebellious" nurses were found to have scored significantly lower than did the "dependent" nurses. A similar analysis, utilizing combined scores from the autonomy, dominance, and aggression scales, resulted in significantly higher totals for the rebellious than for the dependent groups.

Projective Techniques

Rorschach

A frequently used Rorschach index to evaluate dependency involves a scoring system devised by DeVos (25). In order to achieve a more quantitive system of scoring, DeVos had judges categorize affective content contained in Rorschach responses. Dependency, one of several categories, was further divided into eight subcategories based on Rorschach and psychoanalytic research. The new scoring system was then applied to 60 normal, 30 neurotic, and 30 schizophrenic protocols. Schizophrenics were found to differ from normals and neurotics, one large difference resulting from the subcategory, oral-fetal dependency.

DeVos' method for scoring affective content was simplified by Levitt, Lubin, and Zuckerman (82). Using two groups of student nurses and two raters, reliabilities obtained for dependency were similar to those obtained by DeVos. The data were then validated on the Zuckerman and Grosz sample of student nurses.

The Rorschach has been successfully used to differentiate clinical groups. Speisman and Singer (133) found that an ulcer group produced significantly more dependency responses to Rorschach cards than did other groups with organic pathology.

Thematic Apperception Test (TAT)

The TAT is a method of revealing some of the dominant drives, emotions, sentiments, complexes, and conflicts of a personality through the use of a series of pictures about which the subject is encouraged to invent stories.

The relationship between dependency and conformity was studied by Kagan and Mussen (72). Male college students who responded with a greater frequency of dependency themes on the TAT yielded significantly more to group opinion in an Asch-type situation than did subjects scoring less dependent. Kagan and Mussen's finding that there is a relationship between dependency and conformity suggests that a more directive type of counseling should be attempted with the more dependent rehabilitation clients.

Weiss and Emmerich (145) compared three groups — ulcer, non-ulcer, psychosomatic, and non-psychosomatic, — as to need for dependency on TAT stories and need to conform in an Asch-type situation. Both the ulcer and psychosomatic groups revealed significantly greater dependency needs than did the nonpsychosomatic group. Significantly higher conformity needs were observed for the non-psychosomatic group over those of the ulcer and non-ulcer psychosomatic groups. Other intergroup comparisons were not significant.

Scodel (130) compared frequency of dependency imagery on the TAT with breast size preference among males. Results indicated that subjects producing the greater number of dependency themes chose small-breasted women. Psychoanalytically oriented theorists would have predicted opposite results on the basis that lack of early reinforcement, resulting in the repression of dependency needs, would lead to symbolic gratification of those frustrated needs in later life through large breast preference. Scodel, on the other hand, posited that the less the reinforcement in early life, the less the satisfaction, and the less the large breast would be sought. The primary difference between these two interpretations appears to lie with the relative importance accorded to need frustration and need satisfaction.

Through experimental manipulation Hurvitch (64) was able to arouse the dependency need in subjects by presenting to them written material containing dependency-related events. For one group the dependency needs of the hero in the story were met (positive outcome group); for a second group the dependency needs of the hero were denied or frustrated (negative outcome group). A control group was given similar passages but containing no dependency-related events. All subjects were then asked to give stories to TAT cards. Subjects in the positive outcome group produced more dependency-related imagery on the TAT than subjects in the negative outcome group; the difference, however, was significant only for males.

Sentence completions are similarly used to obtain covert behavioral manifestations. Naylor (108) investigated the relationship between problem solving ability and dependency. The TAT and Incomplete Sentence Blank (ISB) obtained from a group of college students were scored for need value and freedom of movement; a measure of dependency was obtained from the ISB only. According to Rotter's social learning theory, persons whose need value is high and whose freedom of movement is low would be more apt to depend upon others for assistance and be less efficient in a problem solving situation than persons whose need value is low and whose freedom of movement is high. Time to solve the problem, frequency of questions asked the experimenter, and self-depreciating remarks made while working at the problem were recorded. The proposed hypothesis concerning dependent behavior in a problem-solving situation was supported by ISB, but not by TAT data. When dependency and freedom of movement were held constant, subjects scoring high on need value tended to make more self-depreciating remarks and asked more questions than subjects scoring low on need value. When dependency and need value were held constant, subjects scoring low on freedom of movement produced significantly more dependency responses than subjects scoring high on freedom of movement. Without considering need value and freedom of movement, however, ISB dependency did not relate to dependent behavior. A nonsignificant positive relationship was found between problem-solving time and dependency behavior when level of intelligence was controlled.

Other Projective Techniques

The use of stories or story completion tests may be regarded as involving the same principles that apply to other fantasy productions of the TAT type. The only important difference lies with the stimuli employed (in one case, a title, in the other, a picture). That it is a most natural approach to the fantasy lives of children is evidenced by their story-telling behavior.

In an exeriment by Lahtinen (77) dependency as a function of fear of failure and fear of rejection was studied. Kindergarten children were assigned to one of three groups: failure-arousal, rejection-arousal, and neutral. A story completion test provided an index of covert dependency manifestation; a difficult puzzle, presented during the experimental session served as an index of overt dependency manifestation. Both failure and rejection groups exhibited more dependent behavior, both overt and covert, than did the neutral group. The prediction that more counterdependent behavior would be evidenced by the failure group was generally not supported. Dependency for girls increased to a greater extent under the rejection condition than the failure, but there was no difference between the two conditions for boys.

Combined Self-Report and Projective Methods

A more sophisticated approach to the study of dependency involves tapping both overt and covert manifestations of behavior. In a validity study, Werts (146) administered to 40 primarily out-patient veterans the Rorschach, MMPI, and the Weschler-Bellevue and also obtained from each a vocational history. The protocols were ranked by judges for dependency, ego strength, intelligence, and social adjustment. Only the construct dependency was found to have cross-test validity.

A comparison of self report and projective methodologies has been made by Zuckerman et al (155). Student nurse ratings of each other were likened to their self-ratings and scores on direct measures (Gough's Dominance Scale, Navran's Dependency Scale, EPPS) and indirect measures (Pohde Sentence Completion Test, Rorschach, TAT) of dependency. In general, direct measures of dependency related significantly better to peer ratings than did the less direct measures.

Kasl et al (73) approached the study of conformity behavior from a field theory point of view. Need for dependency was conceptualized as minimum freedom from others; need for independence, as maximum freedom from others. Independence could be achieved in either of two ways: by approaching independence or by avoiding dependence. It was predicted that conformity behavior would be resisted most by those whose need for independence was greater than need for dependence. Some months earlier 88 female undergraduates were classified as emotionally dependent, task dependent, or independent on the basis of a self-report questionnaire and tested in both an ego-involving and non-ego-involving conformity situation. An influencer intervened during both tasks for the purpose of exercising control over subject judgment. Half the subjects were informed that the influencer was incompetent and constituted the experimental group; the other half were told nothing about the qualifications of the influencer and served as controls. Task dependency was related positively to conformity but only for the ego-involving task. In the present study 51 of the original 88 subjects were reclassified for dependency on the basis of the Test of Insight. Approach-independence, approach-dependence, avoid-dependence, and avoid-independence groups were obtained by rating the behaviors of persons in various story situations as projected by the subjects. It was found that only independents in the approach-independence group conformed less, again only in the ego-involving task. The experimental groups conformed significantly less than did the controls. No relationship was established between the self-report measure of dependency and the Test of Insight.

Others, however, have obtained meaningful correlations between overt and covert indices of dependency. Zuckerman and Grosz (154), using the Sway Test to determine high and low hypnotizability ("primary suggestibility"), demonstrated that highly suggestible student nurses scored significantly higher on succorance on the TAT than did less suggestible nurses.

The relation between self-report and projective methods was used in a different manner by Braginski (12). College students and V. A. general medical patients were compared for overt dependent behavior as reflected by both direct and indirect measures of dependency. Subjects were classified as congruent or non-congruent on the basis of test scores. Congruent subjects were those whose scores on the direct and indirect tests were consistent; non-congruent, those whose scores were discrepant. It was predicted that, in general, congruent test performance would manifest itself in behavior that was in agreement with the personal feelings of the individual rather than with the expectations of the larger social group. The prediction was not confirmed by behavioral observations of students in the classroom nor by patients in the hospital setting.

Heller and Goldstein (60) designed a study to measure the relationship between client therapy attraction and the variables of client dependency and therapist improvement expectation. Two groups of college students seeking therapy were used. The experimental group was to receive during the course of the study fifteen therapy sessions; the control group was to be placed on a waiting list. Prior to the experimental group's first therapy session and after its fifteenth session, both groups received the EPPS, the Situational Test of Dependency, and the Picture Impressions Test for measurement of self-reported dependency, behavioral dependency, and feelings toward therapists and therapy, respectively. The therapist, after every fifth session, rated his own expectation of client improvement. Results indicated that for all subjects both self-reported and behavioral dependency measures obtained prior to the experimental group's first therapy session were positively related to client pretherapy attraction. However, only behavioral dependency for the experimental group obtained after the fifteenth therapy session related significantly with client pre-therapy attraction. For both the experimental and control groups, the difference between EPPS scores obtained prior to the first and after the fifteenth were negatively related to client pre-therapy attraction. Client self-perception, but not behavioral action, had changed after therapy. For the experimental group, pretherapy attraction was not related to therapist expectation of client improvement. Client post-therapy, as well as the difference between pre-and post-therapy attraction, however, were significantly related to therapist expectation after the fifth session but not after the tenth and fifteenth sessions.

In an experiment utilizing the EPPS, Rorschach, and others, the personality characteristics of volunteers and non-volunteers were compared for an investigation involving hypnosis. Lubin et al (85) found that volunteers were more dependent than non-volunteers. In focusing on the welfare client Pruitt and Van der Castle (119) found that the chronically unemployed scored significantly higher on the Navran Dependency Scale than did the non-chronically unemployed. The chronically unemployed tended to give shading responses to Rorschach cards which contained a lesser degree of form quality, indicating more intense anxiety, feelings of inadequacy, etc., than did the non-chronic group as well as greater dependency imagery according to DeVos' scoring system. In this study chronicity was determined by caseworker and supervisor ratings and the amount of public assistance received during the past year.

Ratings Through Observation

Rating scales are lists of personality traits which are judged by the observer (either superior or peer) on the basis of an individual's behavior. This behavior may be within a structured experimental situation or within the relatively unstructured common life surroundings such as within the home or the classroom.

Within Unstructured Situations

Ratings of Observable Behavior

Dependent behavior exhibited in childhood and in adulthood may be determined by the sex role model of the child. In a work by Lansky and McKay (78) the relationship between sex and dependency was studied. Teachers observed and recorded classroom behavioral manifestations of dependency in accordance with Beller's five scales of dependency striving (seeking attention, physical contact, help, closeness, and recognition). This information was then correlated with data from Brown's It Scale for Children which measures sex role preference and data from Franck's Drawing Completion Test. No evidence of an interaction between sex and dependency was found to exist within the design of the study.

Hartup and Keller (57) studied dependency and nurturance behavior as a function of age and sex in preschool children. Measures of dependency and nurturance were obtained through teacher ratings of classroom conduct. Neither the age nor the sex variable correlated with behavior. Significant positive relationships were established between nurturance and help-seeking and physical affection-seeking dependency behaviors; negatively related to nurturance was the dependency of being near.

Acceptance by one's peers may, even in childhood, influence to some extent overt manifestations of dependency. Through the use of sociometric techniques and teacher ratings, Marshall and McCandless (91) obtained data pertaining to the dependency upon adults and patterns of peer group interaction among preschoolers. Negative correlations were found between nearly all measures of adult dependency and peer group acceptance.

A more inclusive approach to the study of dependency in children considers dependency in parents and parental expectations for independence achievement. Lederman (79) administered to parents of nursery school children the EPPS for a measure of dependency and the Winterbottom Standards of Independence and Mastery for a measure of expectations for independence in their children. The Beller Scales were used to rate the children for dependency in the classroom situation. The hypothesis that level of dependency would be most alike between mother and daughter and between father and son was not supported. Instead, there was a slight trend for daughters to be similar to both parents for level of dependency and for sons to be unlike either parent. Daughters, however, tended to approach their mother's expectations for independence achievement. Other hypotheses proposed were likewise unconfirmed.

The presence and/or accessibility of the mother, especially during childhood, appears to be another factor which contributes to dependency. In a study by Waldrop and Bell (143) dependency was operationally defined by the frequency with which teacher contact was initiated by preschool boys. It was postulated that frequency of teacher contact is related to family size and density. As predicted, children from large high density families sought out the teacher more than children from smaller less dense families. Lack of maternal availability in the home was proposed to account for the results.

Behavior such as making extraordinary requests and demands of the psychiatrists, nurses, and other key figures for time, attention, and services was defined as dependent in a study by Barry et al (6). A sample of 15 adult psychiatric patients whose mothers had died when the patients were aged three months to four years were compared with a matched group whose mothers had died when the patients were aged 11 to 17 years. Dependency was found to be a prominent characteristic of 13 of the early bereaved patients while only four of the 15 later bereaved patients exhibited such behavior.

Utilizing emotionally disturbed children, Beller (8) investigated the relationships among dependency striving, autonomous achievement striving, anality, and orality. Of the 49 problem children observed, 16 were severely disturbed; eight were twins. Ages ranged from two to six years. Beller's five scales of dependency striving and five scales of autonomous achievement striving (obtaining work satisfaction, attempts to do routine tasks alone, overcome obstacles alone, initiate activity, and complete activity) were used to identify and measure dependent and autonomous behavior in the nursery school setting. These measures were then correlated with behavioral manifestations of oral (drooling, biting, etc.) and anal (retaining, etc.) activity. As predicted, autonomous achievement striving was negatively related to orality and anality, significantly to the latter. Dependency striving was found to be positively related to orality and anality, significantly with the former. When the severely disturbed and twins were eliminated from the sample, the correlation between orality and dependency was increased. These subgroups, therefore, tended to be less orally dependent. In both subgroups it may be speculated that less need satisfaction was derived from the adult and peer worlds. Twins depended to a great extent on each other; the emotionally disturbed invested much of the energy available in themselves.

Ratings of observable behavior in combination with other measures

In a study by French (36) 73 eight-to ten-year-old boys of high socioeconomic status rated each other's aggressiveness on the Peer Rating Index and answered a questionnaire measuring parental rejection of both nurturant needs and of the subject as a person. No positive relationship was found between aggression and parental rejection. In a second study private and public school boys (high vs. low sociometric status) were compared on the same variables. Again, no relationship was found between the two socio-economic groups.

Flanders, et al (33) constructed a 45-item scale to measure dependency proneness and its relationship to student-teacher patterns of interaction. Based on the responses of eighth graders, the authors found that boys showed significantly less conformity and compliance behavior than girls and required less support and reassurance from the teacher. Their theory suggests that dependency-prone students will try to make responses which they think the teacher wants.

By studying dependency in subjects over time, each student serves as his own control. McCord, et al (95) investigated the effects of certain environmental factors on the subsequent development of dependent behavior in boys. Data from a longitudinal experiment dealing with the influence of intensive counseling as a deterrent to delinquency were used for this study. On the basis of rated dependency behavior in four areas (striving for adult approval, relations with peers, relationship with the project counselor, and primary reference groups) 148 subjects from the original "treatment" group were chosen for analysis. These boys were then classified as extremely dependent or moderately dependent. The extremely dependent boys were further divided into adult-dependents, peer-dependents, and pervasive dependents (both adult and peer dependent). The moderately dependent boys served as controls. Based on case history material pertaining to familial environment, childhood behavior, and adult behavior, results indicated a significantly higher incidence of parental conflict and parental rejection for boys in the extremely dependent group. These boys disliked their mothers, had abnormal fears, feelings of inferiority, anxiety concerning sex, and were oral and sadistic. One antecedent to their extremely dependent behavior was the punishment during childhood for dependent behavior. In adulthood, however, these boys showed no more tendency to alcoholism or criminality than did the moderate dependents but were more likely to have a psychotic breakdown. The three extremely dependent sub-groups could be distinguished and identified in terms of parental behaviors. Parents of adult-dependent boys placed high demands upon their children and were strict in their restriction and supervision of them. Opposite behavior — low demands and lack of supervision and restriction — characterized parents of peer-dependent boys. Pervasively dependent boys had dominant fathers and parents who drank excessively and were aggressive. Presented here are only some of the differentiating background factors associated with dependent males in this study.

Within Structured Situations

Use of the reward situation and the response it elicits from dependent populations has been a popular area of investigation. In their work with pre-school children, Endsley and Hartup (28) demonstrated that high and moderately dependent subjects were significantly more persistent when socially reinforced than low dependent subjects.

Grossman (52) studied the effect of parental warmth on dependency and responsiveness to social reward in children. Twenty-six mothers were interviewed, and, from the information obtained, both father and mother were subsequently rated for warmth of relationship with the child. The children were observed for dependency in a classroom situation and individually for reaction to social reinforcement in a motor task situation. It was found that boys and girls tended to react differently. That parental warmth and responsiveness to social reward would bear a negative relationship was supported only for boys. The predicated negative correlation between parental warmth and dependency was supported only when the father had a reportedly warm relationship with his daughter. Moreover, children who behaved more dependently in the classroom responded to a greater extent to social reward only initially on the motor task.

Measures of dependency-anxiety have been obtained through ratings and projectives in order to study the interactional effect of dependency and anxiety on responsiveness to reinforcement. The effect of social approval on the performance of dependency-anxious subjects was tested by Cairns (15). Dependency-anxiety ratings (based on both overt behavior and data from an incomplete stories test) were obtained for a group of adolescent boys. Verbal reinforcement reduced overall performance of dependent-anxious subjects on three experimental tasks. These boys ultimately conditioned to a lower level in a paired-associates learning situation, conditioned less well and actually dropped in performance with increased reinforcement over trials when confiding responses in an interview situation were socially rewarded. Both sought less help and rejected help when offered in a highly difficult problem situation. It would appear that for individuals in conflict over dependency needs help or approval offered by others only serves to increase anxiety which in turn interferes with performance.

On the basis of consistent ratings on the Incomplete Story Test, an insoluble form-board puzzle, and ratings of ward behavior in terms of "approach" or "avoid", Goldman (48) identified 36 hospitalized schizophrenics as high dependent and another 36 as high dependent-anxious.

Subjects were presented four lists of paired-associates and on the second list introduced to social reward, social punishment, or non-evaluation. By list four the differential effects of reward were essentially non-existent. However, earlier in the learning process it was evident that the dependent-anxious subjects performed less well under reward conditions where conflict over dependency needs was aroused and superior to non-anxious dependents under mild punishment. Under neutral conditions there was no difference between the dependency groups.

An alternative to defining anxiety in terms of ratings or test results obtained prior to the experimental task consists of manipulating the anxiety variable experimentally. The influence of approval rewards on the performance of independent and dependent emotionally disturbed preschoolers was investigated by Adler (2). Following teacher ratings of dependency striving, the children underwent, at two different times, ten minutes of attention deprivation and ten minutes of attention saturation at the hands of the experimenter. After each such session with the experimenter, subjects were given a choice task to perform. For every correct response half of the rated high dependents and half of the rated low dependents were reinforced with verbal approval; the other half of each group received only the reinforcement of knowing they were correct. Results showed that situationally-induced dependence or independence (deprivation or saturation) had no effect on performance. However, characteristically dependent and independent children (categorized by teacher ratings of classroom behavior) were influenced by reward. High dependents who were rewarded made significantly fewer errors and improved performance at a faster rate than did high dependents who were not rewarded. Children rated low on dependency showed no differential performance rate due to reinforcement and performed midway between the high dependency groups. The results were discussed with respect to the differential response to type of reward among dependents and independents.

The relative effectiveness of social, material, and social-material rewards has been investigated. Walters and Foote (144) explored the relationship between dependency, anxiety, and reward type on the discrimination learning of second grade girls. Subjects were rated by teachers on dependency striving using the Beller scales and then conditioned either in an atmosphere of anxiety or one of relaxation. Three types of reward were used to motivate performance: token plus reward, token only, and verbal approval. Although differences in performance due to levels of dependency and anxiety were in the predicted direction, neither reached significance. However, the Trials X Reward Type and the Dependency X

Anxiety X Reward Type X Trials interactions were significant. When results were analyzed in terms of increases from baseline trials to the last four trials or from the first five to the last five trials, the two material rewards proved to motivate performance significantly better than verbal reward.

The direct effect of anxiety on dependency has been studied by Rosenthal (123). He explored the generalization of dependency behavior from mother to stranger under two anxiety conditions. Sixty-four 3-to 5-year-old girls were classified as high or low dependent. Half of each dependency group was assigned to a high anxiety situation and half to a low anxiety situation. Each child was observed twice, once with its mother and once with a stranger. All three hypotheses were supported. Regardless of anxiety condition or level of dependency, the mother's presence produced more dependent behavior than the presence of the stranger. The high anxiety condition elicited more dependent behavior regardless of whether the mother or stranger was present. Finally, highly dependent children displayed more dependent behavior toward the stranger than did children less dependent upon their mother.

Having found in a previous study that dependency among children correlated more strongly with the perceptual orientation toward people while autonomous achievement striving correlated more strongly with orientation toward physical objects, Beller and Turner (8) investigated dependency and autonomous achievement striving in relation to accuracy of perceptual judgments of significant adults (i.e. mother, father, teacher) and self among 14 pre-school children. A secondary consideration was to ascertain whether autonomous achievement striving would correlate more accurately with perception when the method of measurement deemphasized the emotional context of the interpersonal relationships.

The children were tested both in the nursery and an unfamiliar experimental room. They were required to adjust the height of a horizontal bar which could be extended mechanically until it matched the height of a group of boxes. The children were also asked to indicate when the bar and boxes were as big as mother, father, teacher, therapist, and self. The children were also asked to indicate when projected images of persons of varied sizes on a screen were as big as mother, father, etc. Response measures used were accuracy and overestimation.

For accuracy, regardless of other variables, judgment with the bar was significantly better than judgment with the picture. This could be viewed as a result of the de-emphasis of emotional context of the interpersonal relationships. Autonomous achievement striving was significantly related to accuracy of judgment in the bar-nursery situation only. For both error and accuracy data the main effect due to objects was significant. An analysis of sex differences showed that boys tended to overestimate the size of the father while girls showed no overestimation of any figure. This was interpreted as indicating earlier sex typing among males than females. Only in the experimental room was there a high correlation for high dependency strivers to overestimate the size of the mother and teacher. No other interactions between personality variables of dependency and autonomous achievement striving and the experimental variables of familiarity of place, method of judgment, and object were significant.

Mother attitude has been shown to be a factor in the development of dependent behavior in the child. McAlister (94) investigated the effect of birth order on her behavior toward the child. Twenty-one only children, 20 first-borns, and 20 later-borns were each observed in two mother-child situations. In one instance the child evoked the mother's pleasure; in the other, displeasure of the mother was created by the child's activity. Mothers of first-born and only children were rated as tending to be more interfering, incongruous, and excessive in their attitudes toward them. In addition, these children exhibited greater dependency than later-borns. However, research done by Harrison (56) did not substantiate these findings.

Dependency and Conflict

There are several problems in the measurement of dependency. Chief among these is the occurrence of conflict over dependency. Because independent functioning is highly valued in our culture, some individuals cannot face their deeply seated dependent strivings and react with what outwardly appears to be independent behavior. Thus, if an experimenter is using the subject's requests for help as an index of dependency, he may, for some individuals, actually be measuring the existence of conflict over dependency rather than the absence of the dependency drive. If conformity is utilized as an index of dependency, some subjects may well react to the rejection of their own dependency needs by non-conforming behavior. In an attempt to deal with this problem, Schwaab (129) constructed a test designed to measure dependency conflict. He used a multiple-choice story-completion technique with the purpose of identifying conflicted and non-conflicted subjects. Subjects were then classified into one of the following three groups: 1) dependency acceptors, 2) dependency deniers, and 3) dependency vacillators.

While this instrument is a useful beginning in dealing with the problem of dependency conflict in that a method of measurement has been developed, it has as yet not been sufficiently standardized to evaluate accurately its validity and reliability. The perplexing aspect of dependency conflict is that, although one can postulate that it exists, there is no present way of knowing its prevalence. As a result, its importance is also a matter of some conjecture.

Nevertheless, the concept of dependency conflict has been receiving increasing attention. One of the prevailing theories of the etiology of alcoholism is based upon this concept. The alcoholic is theorized to be an individual with very strong needs for nurturance and affiliation. Unable to face, or unaware of, these needs, the alcoholic drinks himself into a state in which he is dependent upon those around him. However, since he perceives drinking as an independent, masculine endeavor, he is able to defend himself against the recognition of his dependent strivings.

Brudbard (13) and Fitzgerald (31) were two who experimentally approached the area of dependency conflict. Brudbard, previously cited (p. 51), defined conflict as a low score on the Navran and predicted low scorers (dependency deniers) would perform similarly to high scorers (dependency acceptors) in a conformity situation.

Fitzgerald postulated that frequency of dependency responses obtained through projective techniques will correlate positively with overt dependency behavior and dependency conflict. Both dependency and conflict were defined in terms of Rotter's theoretical model of social learning which involves the concepts, need-value and freedom of movement. Conflict is said to result when need-value (the value the satisfaction of a given need has for an individual) is higher than freedom of movement (the expectation that the need can be met). Dependency is defined by the need to obtain need satisfaction through others. Frequency of dependent responses for the ISB, but not for the TAT, was found to be positively related to sociometric and interview data. The hypothesis that dependency conflict will be related to frequency of dependency on the TAT was supported. The use of sentence completion techniques in the identification of dependency in rehabilitation clients certainly merits further exploration.

Field Dependency — A Perceptual Approach

A behavioral measure which has been employed in the identification of attributes of dependency is the Witkins Embedded Figure Test (150), in which the subject is requested to locate simple figures embedded (hidden) within more complex figures. The term field dependency has been applied to the influence of visual cues involving spatial relationships upon the perceptions of subjects. Witkin stated that field dependency situatio involve "perceiving an object in relation to its surroundings or a p within a larger whole . . . whereas for some people perception of t part was strongly affected by the surrounding field, others were able escape this influence and to deal with the part as a more or less indepe dent unit." Witkin administered to 102 college students, equally divid for sex, his Embedded Figures Test. Females took considerably long to identify the simple figures within the complex designs and exhibit wider time ranges than did males.

Iscoe and Garden (65) investigated the relationship between anxiet field dependency, and peer population among sixth graders. Data o tained from the Children's Manifest Anxiety Scale, the Embedded Figur Test, and a scale for rating sociometric status indicated among boys negative relationship between peer popularity and dependency and no r lationship between peer popularity and anxiety. For boys, anxiety ar dependency were negatively related; for girls, positively related. Resul were discussed in terms of the differential role expectations of the tw sexes.

Corah (22), working with 60 middle and upper class children betwee ages 8 and 11 and their parents, attempted to assess possible relatio ships between differentiation levels (DL) of children and their parent He assessed the DL with respect to perceptual and cognitive functio by means of verbal intelligence tests, embedded figures tests, and (fo the children only) a draw-a-person test. He found that level of diffe entiation of these children correlated significantly with that of the pare of the oposite sex and not with that of the parent of the same sex.

Fitzgibbons (32) tested 30 female undergraduates for performance o a focal task, the digit symbol of the WAIS, in a room containing neutra visual-incidental material (room decorations and furnishings) and socia visual-incidental material (a male confederate and tape recorder). Th confederate was playing a list of taped words which was defined as a incidental task. Subjects were also tested for field dependency. Recal for focal and incidental task material and for social and incidental visua material was then studied. Field independence was associated with recal of task-related material, both focal and incidental, while field dependenc correlated with recall of non-task-related social-visual-incidental material

Sweeney and Fine (140) studied the relationship between pain toler ance and field dependency among 48 young soldiers. Subjects wer grouped as high, medium, or low pain tolerators according to both percep tion of pain and actual skin temperature after immersion of one hand i cold water. In addition, the men were classified as "global" or "analytical" perceivers on the basis of test of field dependency. The hypothesis that the global, or more field dependent, group would show significantly higher pain tolerance than the analytical group was supported, when perceived pain data was used for analysis.

Using the Body Adjustment Test, the Rod-and-Frame Test, and the Embedded Figures Test, Witkin et al (151) demonstrated the field dependency component of the alcoholic personality in three experiments. Even when hospitalization, certain background variables, and psychopathology were controlled, this personality characteristic persisted for alcoholics. The composite battery of tests was able to differentiate with greater than 75 percent accuracy the alcoholic from normal and psychiatric patients.

Goldstein and Chotlos (49) used six tests (Halstead Category Test-modified, Trail Making Test, Witkin Rod-and-Frame Test, Stroop Color Word Interference Test, Delayed Auditory Feedback, Autokinetic Phenomenon) to evaluate the relationship between brain damage and dependency in 50 adult male hospitalized alcoholics. A group of 50 male adult employees of approximately the same age and intelligence served as the control group. They found that, while there was no striking difference in dependency in the two groups, the alcoholic showed deteriorative changes in the central nervous system at a younger age.

Experimental Manipulation of Dependency in Small Group Situations

Although a detailed consideration of the exercise of power is beyond the scope of this monograph, it must be noted that such variables as the manipulation of power may influence exhibited dependency. In the following studies it is shown that artificial dependency may be created by communication within a group structure. For a more detailed consideration of these forces the reader is referred to Cartwright and Zander (18) and Hare, Borgatta, and Bales (53).

In a study by Jones et al (70) 150 male undergraduates listened to taped opinion interchanges between two students, A and B, the latter always expressing his opinions second. Two agreement conditions, close and variable, were established by varying the degree of agreement of B with A. Half of the subjects were instructed that compatibility of response was important in that it would determine whether or not the two students would take part in another experiment; the remaining half were told that compatibility of response was not important. After listening to the opinion interchange, subjects evaluated on a 12-point scale the agreement of B with A from two positions of reference: the subject as a bystander and as the student whose opinion was presented first. Results showed that subjects evaluated B more negatively than they did their evaluation of A's reaction to B. Their estimated evaluation of B was higher when agreement was less and lower when agreement was close Differences due to dependency conditions were not significant for either evaluation, but the interaction between dependency and agreement was for S's own evaluation of B. For variable agreement, subjects in the high dependency condition, where compatibility of response was important, evaluated B significantly more negatively than did subjects in the low dependency condition. For close agreement, subjects in the high dependency condition were significantly less negative in their evaluation of B than were subjects in the low dependency condition.

Schellenberg (125) employed groups of two college students in a decision-making situation. The object of the game, the subject was told, was to accrue the maximum number of points possible. An alternative, evident as the game progressed, was to obtain a joint maximum of points totaling more than the maximum which could be obtained individually. It was found that if either of the two parties selected the alternative approach or made choices dependent upon the other's choices, there occurred an increase in collaboration between the two (joint maximum of points) and a decrease in exploitation (maximum of points for one at the expense of another) and in disengagement (assured, but less than maximum, number of points).

An interesting approach to the study of dependency was an experiment by Schopler and Bateson (126). Their purpose was to study the yield of a powerful person to the dependency of his powerless "partner". In the first of three experiments dependency was defined in terms of time pressure: for a high dependency group a PhD. candidate requested summer student volunteers for an experiment to be completed that summer; for a low dependency group, completion by the following summer. As in all three experiments the experimenter assumed the role of the powerless person dependent upon others for the attainment of some goal; the others, or the subjects, were considered to be more powerful since the choice to comply with the experimenter's wishes was theirs. From analysis a marginally significant interaction effect between sex and dependency resulted, with females yielding more when the experimenter was highly dependent upon them and males yielding more when the experimenter was less dependent upon them.

In the second experiment the element of cost to the subject of yielding to his dependent partner was introduced. In a decision-making task the subject's partner (again the experimenter) sent to the subject on each trial a message expressing his preference for an alternative. Each alternative was one of four boxes containing varying amounts of numbers, a number from one box being drawn from an urn as the winning number. Dependence of the partner upon the subject was defined by the amount of money the partner could win should the subject choose the correct box of numbers. Cost to the subject of yielding to his partner's choice was defined by the probability of winning from each one of the alternatives or boxes. The high-cost-of-yielding condition represented a greater proportional loss. Eighteen of the 26 trials were "critical" trials in that the subject's least preferred alternative was the partner's choice.

Under low-cost-of-yielding females yielded significantly more when their partner was highly dependent; males yielded significantly more when their partner was not highly dependent. Under high-cost-of-yielding males yielded significantly more when their partner was highly dependent upon them; females showed no difference. In the third experiment the high-cost-of-yielding condition was dropped. Again, males yielded significantly more than females to the low dependency condition. Results were discussed in terms of submission to a norm of social responsibility.

Utilizing a similar design, Schopler and Mathews (127) studied another condition affecting yielding to dependence — the perceived causal locus of the partner's dependence. Subjects in the "external locus" condition heard that their associates could complete puzzles only by requesting letters from the directors, while the subjects in the "internal locus" conditions were told that the associates had a choice between getting letters from a random pool or requesting letters from directors. It was substantiated that a powerful person who believes his partner's dependence to be caused by environmental factors will help more than a powerful person who believes his partner's dependence to be caused by personal factors.

In a situation in which the relative number of dots on two fields were judged, Phares (116) tested 80 subjects in groups of four for compliant behavior as a function of dependence and power. Power was conceptualized as the degree to which a subject can produce the result wanted. Dependence was conceptualized as the degree to which the result wanted can be produced by another subject. Experimentally, these two variables were manipulated by varying the proportion of payoff. Subjects interacted through written message. Among other findings, compliant behavior to high power senders was found to be greatest for high dependent-low power receivers; similarly compliant behavior to low power senders was found to be less for high power-low dependent receivers.

Implications for Rehabilitation

It has been the purpose of this monograph to show and provide examples of attempts made to identify and measure dependency. Such identification and evaluation have important implications for the field of rehabilitation. If a counselor, or, indeed any rehabilitation professional, is working with a client, he must have some means of evaluating the strength of dependent strivings and understanding the degree to which such strivings are blocking the rehabilitation process. Moreover, he must not be misled by the apparent independence of, in reality, dependent clients.

Expression of excessive dependency in the client is a major stumbling block to successful rehabilitation. If the practitioner is to intervene to reduce dependency, he must have some means of objectively viewing and understanding his client's dependent needs. Although it is not implied that tests are a substitute for skilled interviewing techniques, there is a need for development of criteria for the identification and estimation of the strength of the client's dependency. Of equal importance is the need for the development of a method for differentiating true dependent strivings from those evoked due to conflict over dependency.

Findings have suggested a positive relationship between degree of dependence and suggestibility. If suggestibility is associated with dependency, the counselor can, to some extent, compensate for dependence in the client by the judicious use of suggestion which will be accepted by the client. This is another way of saying that the client who shows high dependence might benefit by more directive counseling techniques. However, the rehabilitation practitioner must remain aware of his influence on clients. If the dependency-prone client constantly responds in a manner related to what he thinks the practitioner wants, then the practitioner's own views and ideas concerning the client's rehabilitation may be imposed on the client rather than being worked out on the basis of the client's needs and the client's participation. Thus, the identification of the dependency-prone rehabilitation client is of vital importance.

The relationship between dependency and the degree of group structure should be considered by professionals in the field. Many clients undergo experiences in the process of rehabilitation which are essentially group experiences. The sheltered workshop, the hospital, the nursing home, the rehabilitation center — all these settings involve a certain group structure. If group structure can be manipulated as a vehicle for the management of client dependency, this would, indeed, be a step forward. Moreover, with increased use of group counseling techniques, the consideration of group structure takes on high significance. Perhaps by gradually reducing the degree of structure of the group, independence can be called forth in some individuals.

The relationship between dependency and structure, as reflected by preference for detail, could have implications in the areas of job placement and the sheltered workshop. If dependency can be assessed for a given client, the work to which he is assigned can be chosen with greater chance for success.

The use of acceptance by members of the group as a motivator to reduce dependence is a valid technique. A definite need for rewarding the dependent client has been indicated. This relationship between dependency and reward has implications not only in the process of rehabilitation counseling but in the rehabilitation center and sheltered workshop setting as well.

There is also a need for selectivity in the giving of approval and reward. While the studies reviewed suggest the importance of approval and reward to gain better performance from dependent individuals, indiscriminate use of reinforcement with clients in conflict over their dependency could serve to increase anxiety, thus blocking the rehabilitation process.

Findings reinforce the treatment techniques in which the dependency of rehabilitation clients is initially accepted by the practitioner. Such early acceptance of the client's dependency serves to build the relationship. One study reported a positive relationship between dependency and the patient's acceptance of psychotherapy. A similar relationship has been noted between dependency and pre-therapy attraction. In the determination of eligibility of clients for vocational rehabilitation where feasibility is an important factor, dependency should be evaluated prior to rehabilitation counseling in order to screen out those cases who would be highly resistive to counseling.

The results of some studies suggested that there are certain background factors in the lives of subjects which are associated with dependent behavior. An awareness of these factors by rehabilitation practitioners both in the counseling and facility settings could have value in the psychosocial transactions with clients. For example, it has been noted that children who came from large high density families were more dependent than those who came from small families of less high density. Also, children whose mothers died early in their lives (before four years of age) were found to be more dependent in adulthood than those who lost their mothers later (11-17 years). In addition, there is a tendency for first born and only children to be more dependent. Such factors as parental conflict, restriction in childhood, parental rejection, and inconsistency in reaction to and punishment of dependent behavior were shown to be associated with dependent behavior later in life. Futher investigation of these factors as they relate to the progress of the client in the rehabilitation process are necessary so that the practitioner can be prepared to take appropriate interventive action to counter inappropriate dependency strivings.

Looking at overdependency as a product of excessive oral fixation, the relationship between orality and dependency has significant implications for the process of rehabilitation. The rehabilitation practitioner who is able to recognize oral characteristics in his clients is in a good position to deal with their inappropriate dependency. The oral client who is demanding and aggressive can be helped to learn to give of himself in the rehabilitation process as well as to constantly attempt to satisfy needs to be given to. Dealing with dependency in the oral character structure is difficult. Yet, positive changes are possible when rehabilitation activities are geared toward the achievement of this goal, particularly group participation activities in which the client is required to contribute to the mutual benefit of others. In this way the oral dependent client dilutes his dependent relationships so that dependence can become interdependence and finally independence.

Of particular importance is the finding that anxiety leads to greater dependence. Thus, any actions on the part of the rehabilitation professional which stimulates undue anxiety in the client can impede or even defeat the rehabilitation process. Moreover, it has been found that dependent individuals who are in a state of anxiety perform less well under reward conditions. This finding has important implications in maintaining the therapeutic milieu of sheltered workshops and rehabilitation centers.

Studies have shown quite conclusively that conformity and persuasibility are positively related to dependency. This knowledge is important for the practitioner of rehabilitation since it advances the possibility of a more directive approach in the manipulation of client activities. It is also important for the counselor or rehabilitation therapist to note that studies suggest, although not conclusively, that females are more conforming than males. Studies have also demonstrated that certain illness groups are more dependent than their respective control groups. These are ulcer and other psychosomatic illness groups, chronically unemployed individuals and alcoholics.

Since there appears to be a correlation between dependent action of subjects and field dependency, the entire subject of field or perceptual dependency should be investigated further by rehabilitation researchers. It might well be that perceptual dependency could be used as an indicator or test in predicting dependent actions of clients in the rehabilitation setting.

CHAPTER IV

REHABILITATION OF THE DEPENDENT CLIENT

In no field are the problems and concepts of dependency more important than in the field of rehabilitation. The reduction of dependency in the handicapped client is a primary goal of the rehabilitation process. In a sense, the reduction of client dependency is rehabilitation's reason for being. For the professional practitioner of rehabilitation, the management of dependency is both goal and process. Switzer (141) highlighted rehabilitation as a major deterrent to dependency and cited the public's financial support of rehabilitation programs as evidence of the recognition of this idea.

Dependency in the Handicapped

During the past twenty years the field of rehabilitation has made significant contributions to the problems involved in coping with the dependency problems of the physically and mentally handicapped. Perhaps most significant was the recognition that dependency is not always disadvantageous and in certain situations is actually functional for the client. According to Coburn (19) American society has unrealistically overstressed the value of independence, attributing weakness to dependent behavior. The disabled person, realistically dependent, is consequently led to feel useless, dejected, and rejected. It was postulated that, when untempered by dependence, independence is actually an unsound societal value characterized by pathology and ruthlessness.

Havens (58) also stressed the usefulness of dependency by pointing out that all people are involved in a large network of dependent relationships rather than unilateral ones. Moreover, he takes the position that it is the distribution rather than the amount of dependence which is the critical factor. Dependency spread among a number of relationships should not be considered unhealthy. On the other hand, dependency concentrated within a few relationships (with one or very few people) is pathological and destructive. Havens stressed the point that without dependence there can be no treatment relationship during which the client can be weaned toward independence. In making his thesis that all dependency cannot be categorically classified as bad, Havens remarked:

> Before accusing too many people of being in this dependent condition, for example those on welfare rolls, it is well to look over the individual situation carefully. Some of us *look* dependent for periods because we are 'resting'. Vacations are such dependent intervals. In another instance we may be

dependent in one sphere of our lives because we are putting out more than we are getting back elsewhere. It has been said that there was never an Irishman so poor he did not have a still poorer Irishman living at his expense. Some of our clients are bearing burdens that make their dependence on us an understandable act of balance. There is in such cases no lack of reciprocity, but we are not the ones reciprocated.

Research findings have indicated that dependency is an important correlate of various types of physical and mental illness. If rehabilitation is to proceed successfully, it is imperative for the counselor and other professionals who work with the client to understand the dependency factor as it relates to the particular handicap being rehabilitated.

Physical Disability

For adult patients who become severely disabled, such as paraplegics described by Meyer (101), tremendous physical dependency is often accompanied by feelings of dependency reminiscent of those in early childhood. Such feelings lead to conflict over dependency. When patients have a history of successful social functioning they can look to their past adjustment patterns and achievements as models for adjusting to this new life crisis. As part of this, they attribute to individual members of the rehabilitation staff qualities of important figures in their early lives (e. g. mothering, supporting, teaching) which helped them to move from their childhood dependency to adult functioning. As the patient moves into each new area he has a feeling of helplessness. It is this feeling that the patient must accept before he can achieve maximum rehabilitation. The patient who denies the need for help from others often impedes his progress from dependence to independence. The cycle may be likened to that of the adolescent as he struggles to achieve the independence of adulthood. By allowing for the "reenactment" of earlier experiences the rehabilitation milieu permits the disabled to move gradually from regression to a resolution of the dependency-independency conflict.

The problem of dependence in persons with orthopedic and neuromuscular handicaps is compounded by the fact that the handicap is highly visible and produces a change in the client's perception of his body image. In some patients this visibility causes a reaction formation such that they are unable to accept their dependent needs. Other individuals so handicapped become extremely dependent because their dependence is so obviously justified. There are also status problems which develop. Since the person feels different and inferior in social status, he may compensate for these feelings of inferiority by becoming highly dependent and demanding. The orthopedic neuromuscular handicap drastically influences the person's self concept.

Wright (152) pointed out that:

> The kind of person you think you are becomes endowed with remarkable powers. It influences, and often decisively, the way one perceives the intention of others, the choice of associates, the goal set for oneself and much more. The self-concept, then, is an important part of one's world of life space and has been so recognized by our eminent psychological forefathers, who have given serious attention to its development.

There can be little doubt that the self-concept of the orthopedic-neuromuscular handicapped individual profoundly influences and shapes the character of his dependent strivings.

The particular emotional climate which pervades the handicapped individual's life-space is of great consequence in determining how he deals with his own dependent strivings and whether or not he becomes successfully rehabiliated. Krause (74) studied a group of blind clients undergoing rehabilitation at a center to determine the effects of dependence on their family setting upon progress in the rehabilitation program. Preliminary research findings indicated that clients living away from home during the rehabilitation process made greater gains from the therapeutic work milieu than those who lived with their own family. Case studies showed that once they returned home the blind clients relapsed into earlier patterns of dependency upon their families. Krause suggsted that supportive casework with the families of the blind rehabilitees may speed up the progress of blind persons living at home during training for work.

Goodman (50) found that the adolescents who are communication-impaired show somewhat greater social immaturity than their noncommunication-impaired counterparts. It was suggested that the immaturity results from their greater dependency on others due to difficulties in communicating their needs, understanding, and being understood.

Dependency is frequently exhibited by the cardiovascular patient. In a study of a single case, Meinhardt and Robinson (97) observed that intense emotion arising from ungratified dependency needs was primarily responsible for the occurrence of a complete heart block. Rehabilitation counseling with the cardiac patient is particularly difficult because his concern with his limitations has some basis in reality. Moreover, the cardiac patient poses a difficult problem with respect to his own dependency conflict because of the invisibility of his handicap. Except in cases of stroke, where there is visible motor impairment, the cardiac patient appears no different from one with a normal cardiovascular system. Thus, he feels that others cannot always go about justifying his dependent behavior; he may develop conflict between his need to show independent behavior and his own dependent strivings.

The invisibility of the cardiac patient's handicap poses a number of implications for his rehabilitation. In some instances it is necessary for the counselor to help his client accept his feelings of dependency rather than to compensate for them. Also, it is important that the cardiac patient is placed in a position which will bolster his feelings of adequacy so that he does not feel that his dependency requires explanation.

Emotional Disorders

There is little evidence to suggest that the problems of client dependency are more difficult in rehabilitating persons with one type of handicap than another. There is a wide range of differences in individuals which affect the course of rehabilitation but which are not directly related to type of handicap. Moreover, all types of handicaps have special problems which cause difficulty.

Yet, because of the long standing public stigma attached to it, mental illness creates dependency problems for the patient which block his rehabilitation and taxes the skill of the rehabilitation counselor to its utmost. This is not a pessimistic point of view. The mental patient can be effectively rehabilitated but the dependency problems are great. To attain any measure of independence, the patient must deal with and overcome strong leanings toward dependence which are conditioned by his sheltered existence within the mental hospital. Moreover, he must face the risk of ridicule, misunderstanding, and discrimination by a large segment of the community. Couple these problems with the fact that many mental patients had high dependency components within their personality structure prior to their illness and the true magnitude of the dependency problem becomes starkly evident.

Studies of mental patients by Freeman and Simmons (35) showed findings similar to those of Krause in that patients who lived with their spouses were more independent and became rehabilitated more quickly than those living with their parents.

Mendelson et al (98) presented nine cases of adult males with a substantial history of nonethyl (toxic) alcoholism. Observation evidenced no expression of aggressive or hostile impulses; on the contrary, highly submissive and compliant behavior was exhibited within the hospital setting. These men were described as perfect examples of "essential alcoholics" who, because of inability to cope adequately with environmental stresses coupled with high oral needs, regress, through the ingestion of alcohol, to a level at which their needs are met and feelings of childlike omnipotence are achieved. The circle is a vicious one, for the more frustration felt toward the world for not satisfying oral needs, the more alcohol is turned to for satisfaction. Alcohol produces feelings of guilt, dependency, and need for punishment and in turn drives the alcoholic back to the bottle for the never ending search for oral need satisfaction. The findings of Mendelson et al confirm the thesis of many professionals in the field that the rehabilitation of the alcoholic is a problem of dependency reduction. Munt (104) pointed out that one of the major problems in carrying on casework with alcoholics stems from their strong fear of their own dependency wishes.

Chronic Illness

With an estimated 20 million chronically ill in the United States, the management of dependency in the patient suffering from chronic illness is a problem with which the field of rehabilitation is very much concerned. If dependency problems can be resolved, some chronically ill patients can be vocationally rehabilitated. Others can be rehabilitated to the level of independent living. The importance of rehabilitation for independent living is achieving increasing recognition by the health and welfare professions, not only from the standpoint of the emotional and social benefits to the patient himself, but also as a financially sound policy for the community as well. With the ever-increasing demand for medical and hospital services, staff and funding needs are becoming disconcertingly apparent. Thus, the more the number of chronically ill individuals who can become sufficiently independent to care for their own needs at home, the greater will be the ability of the institutionalized health facilities to cope with the demand and needs of the remaining chronically ill.

The dependency problems of the chronically ill are especially difficult because they are long term in nature and place those responsible for their care under prolonged stress. In many instances the chronically ill patient expresses his frustrations and resentments at his limitations by becoming excessively demanding and dependent. This syndrome is particularly noticeable in the geriatric patient.

Nichols and Bogdonoff (111) pointed out that for the chronically ill and for his family the patient's "sick role", characterized by dependency, passivity, reduced protectiveness, and reduced demands by others, may become an "entrenched way of life." The patients may consciously or unconsciously resist the physician's effort to return the patient to a healthy role. In order to modify this resistance the authors suggest that the patient's sick role must not be initially challenged. Further, before working through with the patient his fears and anxieties, every attempt should be made to help him achieve a feeling of physical well being. The final step is then the retraining and reeducation of the patient and his family in order that they may adjust realistically to the illness.

That patients themselves can be helped to deal with illness-caused dependency has been repeatedly demonstrated. Garner et al (39) reduced clinic visits of some geriatric clients by one third by introducing these patients to a medical psychiatric service. Those who benefited most were those individuals whose dependency was situational, those who were reacting realistically to temporary illness. Those who benefited least showed histories of chronic dependency.

Kutner (76) described an experiment in the use of "therapeutic milieu" for long-term physically handicapped patients on one hospital ward. Changes instituted as part of the program included "low level" staff attendance at staff meetings, patient-staff meetings, increased family involvement, increased patient activities, and mixing of sexes on the wards. Early assessment of results pointed out such disadvantages as staff discomfort due to change in staff social structure and responsibilities as well as from increased patient demands. However, benefits seemed to offset the disadvantages. Staff morale increased as did patient participation in significant activities. More important, dependency upon the hospital structure was lessened.

One area in which important inroads can be made in combatting the dependency of the chronically ill patient is the nursing home. Unfortunately, many nursing homes become mere custodial institutions, thus fostering the dependency of their patients rather than fighting it. If a nursing home adopts a rehabilitation philosophy, it can do much toward the creation of a modicum of independent functioning in its patients. Margolin and Hurwitz (90) described the existing situation in their statement that:

> The condition of America's nursing homes has become a major problem of the aged and aging. The demand for skilled nursing services and rehabilitation for an increased number of disabled older persons is rising and will become more intense as life expectancy increases in the next several decades.

The rehabilitation activities do not necessarily require elaborate or expensive equipment. Rather a rehabilitation mindedness on the part of the staff is the ingredient which enables patients to become motivated to maintain themselves at their highest level of functioning. Staff must encourage self-care and ambulation wherever possible and design a schedule of occupational and social activities which is both challenging and gratifying to the chronic patient. In a sense the staff of the nursing home takes on the emotional aspects of a family to the patient and thus has a similar effect to that of the family in motivating the patient toward or away from dependency.

Social Disabiliy

The rehabilitation of community-induced dependency is a crucial problem in modern society. The term "comunity-induced dependency" refers to that dependency produced by poverty due to lack of opportunity and perpetuated by positive reinforcement of public welfare income maintenance.

The recent upsurge of interest in the poor by both government and voluntary organizations is not due to mere chance. It is rather the result of a philosophy which began to develop in the United States before the turn of the century when people, through their government and private organizations, began to accept some responsibility for helping those who for social, emotional, and physical reasons were unable to adjust to the stresses and demands of life. Early in the twentieth century, when such individuals were looked upon as deviants, community responsibility was limited to financial assistance or income maintenance. However, with the financial depression of the 1930's came the realization that few, if any, were immune to the buffetings of fate, illness, and psychosocial stress.

Accompanying the realization was the philosophy that, as a treatment for the dependency of poverty, the use of financial assistance alone was unsound economically and unrewarding for the individual, socially and emotionally. At this point the need to adopt a psychosocial, diagnostic and therapeutic viewpoint became evident. To fight economic disability one must first understand the reasons for the individual's dependency; then motivate him to raise his general level of functioning as a member of society; and finally provide him with the opportunity structure (training, job opportunity, and other resources) to achieve this rise to independence.

Initially the rehabilitation of the poor was attempted by caseworkers utilizing a dyadic treatment relationship with limited attempts to change the opportunity structure. However, it became increasingly recognized that, unless major attempts were made to improve the opportunities for the poor, gains in fighting the dependency of poverty would be fragmentary and minimal; hence, the development of concerted services and community action programs in which community organization techniques are used to involve the participation of the dependent poor to help themselves.

The community action programs are based on the technique of using indigenous community leaders and workers to educate, interpret, and motivate those made dependent by poverty to organize and utilize resources which will enable them to reconstruct community life in their neighborhoods and raise themselves to independent functioning. Pearl and Reissman (113) selected a quotation from *Youth in the Ghetto* (54) which sums up the technique for involving community participation:

> In a very real way, the use of indigenous non-professionals in staff positions is forced by the death of trained professionals. At the same time, however, the use of such persons grows out of the concern for a tendency of professionals to "flee from the client" and the difficulty of communication between persons of different backgrounds and outlooks. It is HARYOU's* belief that the use of persons only "one step removed" from the client will improve the giving of services as well as provide useful and meaningful employment for Harlem's resident.

However, there are those who question the value of indigenous workers on the basis that after a period the indigenous worker takes on professional values, status, and aspirations and can no longer effectively communicate with the underprivileged.

Various techniques have been used to obtain community involvement and cooperation of the financially handicapped. It has been reported (38, 118, 132, 136) that Saul Alinsky, one of the early proponents of community organization techniques to fight dependency, adovcates the mobilization and use of power through organization of the poor as a social and political force. His dogma is:

> People don't get the opportunity or freedom or equality or dignity as an act of charity. You need organization first to compel concessions and second to make the other side deliver. And people who feel trapped in no-way-out poverty don't organize effectively unless someone with the requisite skill moves in, listens to their gripes, finds their real leaders, and sets them moving in showy campaigns.

Alinsky's philosophy demands that rather than accepting a handout the poor help themselves by changing the status quo through the power of their organized numbers. Based of this philosophy, he founded the

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*Harlem Youth Opportunities Unlimited, Inc.

Industrial Areas Foundation (IAF) to fight poverty, dependency, and the slum life style. Alinsky has been invited into a number of areas and has organized numerous projects, but his "Back of the Yards" project in Chicago, started in 1939, and The Woodlawn Organization (TWO), also in Chicago, are his most well-known and successful projects. The Woodlawn Organization is a federation of 85 to 90 groups, including 13 churches, 3 businessmen's associations, and an assortment of block clubs, neighborhood associations, and social groups. It has a membership of 30,000 people and is probably the most significant social experiment going on among Negroes in America today. The slum is directly south of the University of Chicago campus and contains anywhere from 80 to 150,000 inhabitants.

As concern about the life style of the poor increased so did concern about their cultural deprivation and mental health. Reissman (121) stated that:

> The greatest block to the realization of the deprived individual's creative potential appears to be his verbal inadequacies. He seems to have enormous difficulty expressing himself verbally in many situations. For example, when interviewing underprivileged individuals, one of the most characteristic comments encountered is, "You know what I mean." It is liberally appended to all kinds of answers and occurs even when the respondent is at ease with the interviewer. This difficulty takes place even at school; consequently, there has arisen a rather firm belief that the deprived child is basically inarticulate.

Reissman went on to point out that the underprivileged are not nonverbal or less verbal, but verbal in a different way which relates to their own actions and culture-bound vocabulary.

There is developing among experts in the field of rehabilitation of the disadvantaged a very definite difference of opinion concerning the norms, values, and aspirations of the client. One group exemplified by Miller (102) postulates a specific lower class culture which is not particularly concerned with the values of the middle class. Rodman (122) and others, on the other hand, feel that the lower class values stretch to be influenced by and include those of the middle class.

Since the study by Hollingshead and Redlich (62) there has been a marked rise in the interest of professionals in the mental health of the poor. In this regard an environmental viewpoint has been emerging. Duhl (26) in describing the "Changing Face of Mental Health" proposed an ecological view. In discussing the new model, Duhl remarked:

This more comprehensive perspective is called "ecology", the study of multiple factors of environment, both internal and external, that effect normal development and behavior of the individual and his society. "Mental Health" thus becomes not the study of mental disease alone, but the study of man in society.

In summary, it can be said that the major question which arises is what techniques are best utilized to contact and reach those who are handicapped by poverty. Thus far it would appear that the aggressive offering of tangibles and the creation of an improved opportunity structure which offers possibilities for self-help hold the most promise for the rehabilitation of community-induced dependence.

Rehabilitation Counseling to Reduce Dependency

Case. Two patients, both bilateral above-knee amputees, were being worked with within a rehabilitation center. One was an 82-year-old retired police chief. The other was a 23-year-old young adult. The police chief, having been called upon for a high degree of independent functioning and decision making in his earlier life, showed strong independent strivings and worked long and diligently with his corrective therapist to learn to use his prosthesis effectively. His success was remarkable and he was able to live a meaningful life.

The 23-year-old boy, on the other hand, had been greatly overprotected by an overindulgent mother who did everything for him and stifled his independent strivings at every turn. This young man absolutely refused to have corrective therapy or even try his prosthesis, let alone practice its use. No amount of persuasion or cajoling could motivate him to attempt physical restoration. Finally, as a last resort, the corrective therapist decided upon a course of action which was a calculated risk. He picked up the patient bodily in his arms and carried him down to the corrective therapy room. This act precipitated a panic state. The patient experienced extreme fear, anxiety, cried profusely and appeared to be completely emotionally shattered. The therapist then carried him back to his bed after a very brief period in the therapy room. The corrective therapist reported that for several days following the episode the patient was near psychotic in his behavior. However, as the therapist had hoped, as the initial anxiety over the incident subsided, an amazing change began to take place in the patient. He commenced, ever so slightly at first, to communicate to the corrective therapist an interest in going into therapy with him and learning to use the prosthesis. This interest increased as the patient moved into a highly dependent relationship with the therapist. The therapist was aware of the emotional transaction which was taking place and allowed this dependent relationship to develop so that he could use it as a motivational device in the patient's corrective therapy. The technique was successful. The patient did come into corrective therapy and began to adjust to his prosthesis. However, in the corrective therapy

> setting he was exceedingly dependent upon the therapist and would not make a move without either consulting the therapist or demanding his help. The therapist allowed this dependency to continue until the rehabilitation process itself began to take on some meaning for the patient. At this point, he began weaning the patient from his extreme dependent position. Very gradually, he compelled his patient to do little things for himself and began to make slightly jarring remarks, in which he compared the patient to other patients who did things for themselves. The patient tried desperately to cling to his dependent relationship with the therapist, but the therapist's approval of independent strivings won out and the patient began to function with a certain amount of independence. His independent functioning reached the point where he was trained and vocationally rehabilitated into a routine assembly job. Since there remained much dependency within his personality, it was important to place him on a job which gave structure to his activities and close supervision. What is important, however, is that rehabilitation took place in a patient who appeared hopelessly dependent.

This case, as discussed by Margolin (87), has been cited to illustrate that techniques utilized to rehabilitate highly dependent, handicapped individuals must vary and be based not only on psychosocial factors in the patient's immediate environment but also upon the developmental aspects of his dependency. Adequate knowledge of the early patterns of dependent behavior ongoing in the client's family relationships is of considerable importance. With the 82-year-old ex-police chief, there was little need for the therapist to deal with his dependency. That dependency existed within his personality structure was undoubtedly the case. However, his charactertistic style of dealing with his dependent strivings, which he had developed over a period of time, was constructive and required little in the way of motivational intervention by the corrective therapist. The 23-year-old male patient, on the other hand, had a style of dealing with his dependent impulses which was emotionally crippling and immobilizing. Strong interventive action from an outside source was required.

There are many who would disagree with the corrective therapist's method of aproach on the basis that it was overly traumatic and risked even more emotional damage to the patient than already existed. This is a valid issue. It is important, nevertheless, to point out that there was a psychodynamic rationale for the particular course of action which the therapist followed. He was utilizing a type of emotional shock therapy in which the patient's emotional homeostasis was so threatened that he was compelled to mobilize all his inner resources to make a readjustment. To accomplish this the patient had to have a certain amount of ego strength to call upon. The therapist in this case evaluated the patient's ego strength as sufficient to sustain the trauma. The patient, however, was not without support from the therapist. In bodily carrying the patient to therapy the therapist was nonverbally communicating his desire to help in the most forceful manner. He was symbolically saying, "I am compelling you to live on a better and higher level, but you do not have to do it alone. In the same way as you depend on me as I carry you in my arms, you can depend on me through the entire process of therapy and the achievement of independence. Your freedom and independence mean enough to me to go this far." Thus, the foundation for a strong treatment relationship is set down if the patient is helped to handle the initial trauma.

Basic to the management of dependency in the handicapped client is the rehabilitation counseling process itself. Few, if any, handicapped individuals have sufficient ability to cope effectively with their own dependent strivings which encourage passivity. The counseling relationship provides the client with a psychosocial situation which allows him a testing ground to prepare him to face and cope with feelings and problems which will occur when he is confronted with stresses in the community.

There are essentially two rehabilitation procedures which have value for dealing with the pronounced dependency problems of the mental patient, particularly the chronic psychotic. The first is the provision of a strong supportive relationship with a highly skillful rehabilitation counselor who can clarify dependency problems for the patient and at the same time help him cope with the buffetings of an independent life.

Stotsky and Margolin (138) elucidated the second technique which involves the creation of a transitional work program for the patient. This provides him with a period of time during which he has had the opportunity to work through his dependency problems in an atmosphere which slowly diminishes the security of the hospital by exposing the patient to demands for independent functioning which he will be obliged to confront when he returns to the community on a full-time basis. Specifically, this was known as the "Member-Employee Program" (138)* Since space does not permit a detailed description, it is sufficient to state that it was an all-out vocational rehabilitation program which was built around the philosophy of the therapeutic value of gainful employment. This program involved as much community work and counseling with employers as it did with patients. What is of principal importance is the character of the counseling techniques developed and utilized to combat institutional dependency.

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* The Member-Employee Program took place at the Veterans Administration Hospital, Brockton, Massachusetts. This was one of forty such programs conducted throughout the United States. It was discontinued for administrative reasons.

In this program the relative passivity of the therapist and non-directive counseling techniques which stem from the original work of Rogers and from psychoanalytically-oriented proponents of self-determinism were less heavily relied upon and to a large extent replaced by a strongly directive type of counseling. In this, the power of the counselor's relationship with the members was used to create confidence and to bolster the ego strength necessary to move the patient toward gainful employment away from the hospital. Failure on the part of the member-employee was accepted by the counselor without negative judgment. What was not accepted was the member's tendency to lapse back into institutional dependency and not to try again. In some instances statements which might be construed as traumatic were used by the counselor to create the reality shock necessary to motivate the member's independent strivings.

Counseling is a diagnostically based process and the choice of counseling techniques must be determined by the situation, needs, and strengths of the particular client. However, counseling styles depend to a large extent upon the skill, training, and therapeutic school of psychology to which the particular counselor is committed. Counseling styles differ in the degree of directiveness and nondirectiveness employed by the counselor in helping the handicapped client arrive at decisions.

Rottschafer (124) studied the effect of expected counseling style on client dependency in therapy. Well motivated undergraduates were selected on the basis of the Mooney Problem Checklist. Counseling style, leading or reflective, was determined by the administration of the Strupp Scale to counselors. Results indicated that regardless of style expected students counseled with leading style produced a significantly greater proportion of dependent responses during initial counseling than students counseled by a reflective counselor. Further, regardless of style received, students expecting leading style also responded with significantly greater proportion of dependency material than students expecting reflective style. The greatest and least proportions of dependent responses were given by students expecting and receiving leading and students expecting and receiving reflective counseling styles, respectively. No differences resulted between groups induced to expect one style and receiving another and groups receiving the style expected. It was concluded that dependency in therapy is negligibly affected by induced expectations.

Since this study is based on first interviews, there is no way of knowing with certainty whether a leading style of counseling would continue to produce or increase client dependency. If a rehabilitation counselor is too directive in his style of counseling, he runs the risk of usurping the client's initiative, thus fostering or increasing dependency. On the other hand, if the counselor's directiveness is channeled toward moving the client to take steps which will call for increased independent action, the directive counseling style may turn out to be functional. Margolin (89) in his work with the Member Employee Program found directive counseling techniques to work successfully with hospitalized mental patients. In this program vocational placement took place in 800 cases.

Schuldt (128) analyzed taped psychotherapy interviews of 16 undergraduates and found the following patterns concerning dependency: 1) therapists approached (i.e., approved, supported) dependency related to the client's feelings about the therapist more than dependency of the client toward others; 2) therapists tended to approach client dependency at a constant rate throughout all phases of therapy; 3) clients tended to follow through with references to dependency when approved by the therapist and to avoid the subject when the therapist did (i.e., disapproved, ignored); 4) clients introduced dependency themes more often during the initial stages of therapy than during later phases; 5) there was little difference between experienced therapists and less experienced therapists in regard to approaching dependency in initial phases of psychotherapy.

Through 72 interviews obtained early in the psychotherapy process Caracena (17) also showed that when dependency responses are reinforced such responses are subsequently elicited by the patient and tend to increase during the remainder of the therapy hour. The therapist is then able to reinforce certain expressions of dependency while ignoring or disapproving others. In assessing the work of several other writers, Bordin (11) found that patients who were overtly-dependent were helped by high commitment of the therapist in the early stages of psychotherapy while counter-dependent patients were not. The author defined overtly-dependent patients as those who showed insatiability in their need for help from the therapist, "a hostile and demanding manner", a perception of other people as cold and ungiving, and a desire to be "led by the therapist". Counter-dependent patients were described as tending to resist the therapist's help — even to the point of competing with him — and tended to perceive others as "over-solicitious and interfering."

Ahmad (1) studied therapist-client interaction patterns with respect to client dependency. Data was based upon interviews of 23 patients seen twice each by 18 psychotherapists. Patient dependency behavior and therapist reaction to such behavior was recorded. It was found that therapists who approved of expressions of dependency retained their clients in therapy longer than those who disapproved. Moreover, clients whose dependency responses were approved of tended to express their dependency needs and conflicts over these needs more so than did clients whose dependency was rejected by the therapist. Such rejection was found to inhibit expression of feelings about dependency and result in earlier termination of treatment. Personality factors other than dependency did not appear to affect client reaction to therapist response to dependency. It was concluded that the need to work out conflict over dependency is crucial.

Winnicott (149) related dependency in the transference situation to the dependency of the infant and child during his various developmental stages. The therapist, in order to help the patient, has to permit some dependence as well as having to interpret the transference. Since both psychosis and character disorder are due to the failure on the part of the individual's environment to provide for his psychological needs, it is important that the therapist allow the client to regress to that unsatisfied stage. Once this process is completed the client will have developed the independence necessary for his rejection of the therapist's support.

Stotsky (137) posed these questions regarding the nature of therapy:

> Will we have the sublime faith of Rogers and Allen in the individual's will to grow, or will we nudge him along? Will we increase his dependency by nudging him? Have counselors and psychotherapists discouraged initiative and increased passivity in their clients?
>
> It would be worthwhile to study the effects of counseling by contrast with no counseling on the later performance of matched groups of patients.

This chapter has attempted to analyze the relationship between dependency as a personality attribute and the process of rehabilitation. The meaning of dependency in rehabilitating patients with various types of disability was dealt with. Functional and dysfunctional aspects of dependency in rehabilitation were pointed up and discussed.

Four basic principles for combating excessive dependency may be followed in counseling the client during the rehabilitation process:

1. The counselor must be able to accept the client's dependency and communicate this to the client. He should universalize dependency for the client as a natural part of the handicap which is based

in reality and which must be realistically confronted. In this way the client's guilt feelings concerning his need to depend upon others are reduced somewhat, and he can begin to resolve his conflicts over his increased need for help.

2. The counselor should focus on communicating to the client his confidence that the client can be successful in reducing his dependence on others through the process of rehabilitation. Frequently, this confidence on the part of the counselor is picked up and shared by the client. Such confidence should be realistically based upon the client's rehabilitation potential. The counselor must be prepared to encounter some resistance on the part of the disabled individual to relinquish his dependent role, since, in this role, he achieves a measure of security. His basic safety and psychological needs as stated by Maslow (93) should be met. Movement toward independence through rehabilitation evokes anxiety because of the unpredictability of the future. The client can be helped to feel that dependence upon the counseling relationship to achieve independent functioning through rehabilitation is permissible.
3. When the counseling relationship is sufficiently well developed to support the client's ego through periods of heightened anxiety, the counselor can take the opportunity to clarify elements of dependent feelings due to family relationships, past behavior patterns, etc.
4. The counselor can help the client select those resources whose structure and staffing are best suited to help a particular client deal with his dependency needs. For example, if a sheltered workshop is indicated as a transitional dependency-reducing experience for a client, the one selected should present the client with a work milieu which best serves to decrease dependency.

In addition to helping the client cope directly with his dependency problems in certain situations, it is almost imperative that counseling be undertaken with members of the client's family as well. If members of the handicapped person's family are fostering or encouraging dependency in the client, the counselor's efforts may well be sabotaged. In some instances such dependency-producing overprotection may arise from the family members' anxiety over possible aggravation of the client's physical or mental condition. This situation is frequently corrected by interpreting the true nature of the patient's illness or handicap and reassuring the family in regard to the client's capacity and rehabilitation potential. On the other hand, some overprotection of the client by family members stems from deeper emotional problems for which the counselor must attempt to bring in outside therapeutic help.

It is important to recognize that dependency in the client undergoing rehabilitation is a pervasive force. To some degree it has its origin in the psychodynamic development of the client's personality. Other dependency forces are precipitated by the illness or handicap itself. Individuals in the client's immediate environment influence and direct the client's dependent expressions. Community reactions also are determinants of the course which the handicapped individual's dependent actions will follow. The rehabilitation counselor is called upon to assess all these factors in helping the client work out and follow through on a rehabilitation plan.

The success of a client's rehabilitation depends upon the skill employed by the counselor in resolving his client's dependency conflict. The problems involved are complex, particularly so because rehabilitation is a compound process characterized by overlapping and interacting phases. In each phase the client's dependency differs in degree and manner of expression. For example, during diagnosis the client may deny his dependency because of social desirability factors. During physical or psychiatric restoration dependency may take on a highly regressive character, particularly if the patient's expectations are unrealistic. In training, the relationship of instructor to client engenders a different manifestation of dependency. If training takes place in a sheltered workshop type of setting, the setting itself can stimulate dependence. During the placement process client fears and anxieties can precipitate dependent strivings so strong as to immobilize him partially or even completely.

Dependency occurring within the rehabilitation process is a constantly changing phenomena and must be evaluated at frequent intervals by the counselor. In some situations it is necessary to foster dependency initially in order to achieve a helping relationship. In other situations the dependent relationship must be diluted by diffusing dependency upon a number of authority figures rather than one. In any event, the weaning of the dependent client is a gradual and calculated process.

The dependency literature has suggested that counselor attitudes are important. The authors have noted, for example, that counselors who work with a preponderance of one disability begin to feel that this disability is the most difficult to rehabilitate and the most difficult for the client to endure. Counselors who think this way help to create a dependency-prone environment which will hinder the positive motivation of their clients.

Finally, the practitioner must remain aware that there are no simple answers to client dependency. The dependence of each client will vary in accordance with his own psychodynamic structure, the determinants of his culture, and the stresses and pressures of the milieu in which he finds himself at a given time. Thus, the approach to the resolution of a client's dependency problems must be highly diagnostic in character. However, a sound background in dependency theory and research can be valuable to the practitioner in understanding the mechanics of his client's dependency so that diagnosis can be accurate and treatment effective.

In summary, the purpose of this monograph has been to survey existing research on dependency and to organize this material in a manner useful to professionals in the field of rehabilitation. It becomes evident from the literature that dependency is difficult to define, conceptualize, and measure. The need for further research and innovation in practice is clear. Primarily four basic research techniques have been utilized: psychometric tests, laboratory behavioral measures, ratings, and descriptions of life performance. Combinations of research techniques with large numbers of subjects could yield valid and reliable results.

For the practitioner and researcher in the field of rehabilitation much can be learned about dependency by studying it in the setting, situation, or context in which it occurs. A classification of expressions of dependency was offered based upon this point of view.

Clinical studies have indicated that while dependency may be created by the reality situation imposed by illness and handicap, the course which it follows is influenced by a number of variables. These factors include attitudes of family and friends, community acceptance, and the relationship of professionals and others who comprise the therapeutic milieu of the patient.

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